

---

# ***JPRS Report***

# **Epidemiology**

---

This report may contain copyrighted material. Copying and dissemination is prohibited without permission of the copyright owners.

# Epidemiology

JPRS-TEP-94-017

## CONTENTS

29 November 1994

### INTERNATIONAL

|                                                                  |   |
|------------------------------------------------------------------|---|
| Japan Pledges \$3 Billion To Fight Overpopulation, AIDS .....    | 1 |
| Finland To Help Counter Rise in Diphtheria Cases in Russia ..... | 1 |

### AFRICA

#### REGIONAL AFFAIRS

|                                                                       |   |
|-----------------------------------------------------------------------|---|
| Southern African Health Report 29 August-4 September .....            | 2 |
| Southern African Health Report 5-11 September .....                   | 2 |
| Southern African Health Report 12-18 September .....                  | 2 |
| Southern African Health Report 19-25 September .....                  | 3 |
| Southern African Health Report 26 September-2 October .....           | 3 |
| West/Central/East Africa Health Reports 26 August- 10 September ..... | 4 |
| WHO Regional Committee for Africa Adopts Resolutions .....            | 5 |

#### CAMEROON

|                                                    |   |
|----------------------------------------------------|---|
| Official Stresses Seriousness of AIDS Threat ..... | 5 |
|----------------------------------------------------|---|

#### CONGO

|                                                       |   |
|-------------------------------------------------------|---|
| President Lissouba Describes New Medical Center ..... | 6 |
|-------------------------------------------------------|---|

#### GHANA

|                                               |   |
|-----------------------------------------------|---|
| Over 2,000 Youth Infected With HIV/AIDS ..... | 6 |
|-----------------------------------------------|---|

#### LIBERIA

|                                                  |   |
|--------------------------------------------------|---|
| Six Hundred Cholera Cases Reported in Week ..... | 7 |
|--------------------------------------------------|---|

#### MAURITIUS

|                                 |   |
|---------------------------------|---|
| July Report of AIDS Cases ..... | 7 |
|---------------------------------|---|

#### MOZAMBIQUE

|                                                             |   |
|-------------------------------------------------------------|---|
| Bubonic Plague Halts Refugee Repatriation From Malawi ..... | 7 |
|-------------------------------------------------------------|---|

#### NAMIBIA

|                                                 |   |
|-------------------------------------------------|---|
| Minister Says HIV Cases Approaching 9,000 ..... | 8 |
|-------------------------------------------------|---|

#### NIGERIA

|                                                    |   |
|----------------------------------------------------|---|
| Cases of HTLV Along With HIV Being Reported .....  | 8 |
| Mosquito Species That Transmits Dengue Found ..... | 9 |

#### SIERRA LEONE

|                                                                 |    |
|-----------------------------------------------------------------|----|
| Cholera Death Toll Rises to 300 as Epidemic Spreads South ..... | 10 |
|-----------------------------------------------------------------|----|

## **SOUTH AFRICA**

|                                                     |    |
|-----------------------------------------------------|----|
| Minister Announces Plan To Combat AIDS .....        | 10 |
| AIDS Forecaster's Predictions Analyzed .....        | 11 |
| Dwindling Water Supply Creates Health Hazards ..... | 12 |

## **ZAIRE**

|                                                                       |    |
|-----------------------------------------------------------------------|----|
| Government Asks EU for Aid To Combat Sleeping Sickness Epidemic ..... | 12 |
|-----------------------------------------------------------------------|----|

## **ZAMBIA**

|                                                            |    |
|------------------------------------------------------------|----|
| Number of AIDS Deaths Likely To Double in Four Years ..... | 12 |
| Meningitis Outbreak at Kabwe, Central Province .....       | 13 |
| Four Dead in Western Province From Meningitis .....        | 13 |
| Dysentery Outbreak at Kamfinsa Prison .....                | 13 |
| Government Bans Mozambicans' Entry To Control Plague ..... | 14 |
| TB Cases Expected To Increase 20 Percent Per Year .....    | 14 |

## **ZIMBABWE**

|                                                      |    |
|------------------------------------------------------|----|
| Total of 1,329 AIDS Deaths in Bulawayo in Year ..... | 15 |
| Ten Measles Deaths in Gutu, Soti-Source .....        | 15 |
| Newcastle Disease Outbreak in Harare South .....     | 15 |

## **EAST ASIA**

### **AUSTRALIA**

|                                                       |    |
|-------------------------------------------------------|----|
| HIV Carrier Detained To Protect 'Public Safety' ..... | 17 |
|-------------------------------------------------------|----|

### **HONG KONG**

|                                                            |    |
|------------------------------------------------------------|----|
| Health Department Reports Increase in HIV Infections ..... | 17 |
|------------------------------------------------------------|----|

### **INDONESIA**

|                                                                  |    |
|------------------------------------------------------------------|----|
| Health Department Reveals Latest HIV-AIDS Figures .....          | 17 |
| Four HIV Cases Detected in Central Java .....                    | 17 |
| Diarrhea Kills 26, Affects 650 Others in Jambi .....             | 18 |
| West Java Health Official Reports 476 Cholera Cases .....        | 18 |
| Total of 195 Infants Die of Cholera in Two Districts .....       | 18 |
| Twenty-Four Cholera Cases in Purwakarta, One Death .....         | 19 |
| Over 2,000 Reportedly Affected by Cholera in Ciamis .....        | 19 |
| Official Reports 37,970 Tuberculosis Cases in Jakarta Area ..... | 19 |

### **JAPAN**

|                                                                |    |
|----------------------------------------------------------------|----|
| Panel Reports Record High AIDS, HIV Cases in July-August ..... | 19 |
| Panel Urges Ban on Forced AIDS Tests for Job Seekers .....     | 20 |

### **NORTH KOREA**

|                                                           |    |
|-----------------------------------------------------------|----|
| NSP Director On Cholera in North Korea .....              | 20 |
| Cholera 'Running Rampant' .....                           | 20 |
| Military Riots, Cholera Causing Instability in DPRK ..... | 20 |
| Red Cross Proposal To Assist With Cholera Rejected .....  | 21 |
| Pyongyang Radio Describes DPRK Health Program .....       | 21 |

## **SOUTH KOREA**

|                                                                   |    |
|-------------------------------------------------------------------|----|
| Growing Number of AIDS Patients .....                             | 21 |
| Nine Additional Patients Infected With HIV .....                  | 22 |
| Quarantine Office Steps Up Inspection of Flights From India ..... | 22 |
| Government Preparing Measures To Prevent Spread of Cholera .....  | 23 |

## **LAOS**

|                                                               |    |
|---------------------------------------------------------------|----|
| Outbreak of Epidemics Kills 10 in Houa Phan Province .....    | 23 |
| Outbreak of Disease Reported in Savannakhet, Khammouane ..... | 23 |
| Diarrhea Kills Seven More People in Bokeo Province .....      | 24 |

## **MALAYSIA**

|                                                     |    |
|-----------------------------------------------------|----|
| Health Official Details AIDS Toll in Selangor ..... | 24 |
|-----------------------------------------------------|----|

## **PHILIPPINES**

|                                                                 |    |
|-----------------------------------------------------------------|----|
| AIDS Claims 88 Lives; Five New HIV Cases .....                  | 24 |
| Metro Manila Registers Decline in Number of Cholera Cases ..... | 24 |
| Eighty-Seven New Cholera Cases Reported in Eight Areas .....    | 24 |
| Cholera Claims Five Lives in Abra; Death Toll Hits 202 .....    | 24 |
| Health Authorities Worried by New TB Strain .....               | 24 |

## **SINGAPORE**

|                                                       |    |
|-------------------------------------------------------|----|
| Plague Forces Government To Ban Indian Workers .....  | 25 |
| Three-fold Increase in Dengue Fever Cases Noted ..... | 25 |

## **THAILAND**

|                                                    |    |
|----------------------------------------------------|----|
| Health Official Views AIDS 'Crisis' in North ..... | 25 |
|----------------------------------------------------|----|

## **VIETNAM**

|                                                                  |    |
|------------------------------------------------------------------|----|
| Binh Thuan Province Discovers Two HIV Cases .....                | 26 |
| Twelve HIV Cases Reported in Haiphong, Binh Dinh .....           | 26 |
| British Cooperation Helps To Reduce Malaria Mortality Rate ..... | 26 |
| Malaria Mortality Down 44 Percent; Cases Down 23 Percent .....   | 26 |
| 'Dramatic Drop' in Cases of Poliomyelitis Reported .....         | 26 |
| Iodized Salt To Be Used Nationwide From 1995 .....               | 27 |

## **EAST EUROPE**

### **ALBANIA**

|                                                                   |    |
|-------------------------------------------------------------------|----|
| 'Strict' Measures To Stop Cholera Outbreak .....                  | 28 |
| Health Minister Confirms Cholera Situation 'Well Handled' .....   | 28 |
| New Cholera Wave Hits Tirana; Situation 'Tense' in Librazhd ..... | 29 |
| Cholera Figures Cited; Anti-Epidemic Measures Implemented .....   | 29 |
| Anthrax Cases in Tepelene, Gjirokaster .....                      | 30 |

### **ROMANIA**

|                                                                  |    |
|------------------------------------------------------------------|----|
| Cholera Case Confirmed, Others 'Suspected' in Mures County ..... | 30 |
| New Cases Indicate Cholera Spreading .....                       | 30 |
| Endocrinologists Note 'Alarming' Spread of Endemic Goiter .....  | 30 |



## YUGOSLAVIA

|                                                                |    |
|----------------------------------------------------------------|----|
| Ministry Denies Cholera .....                                  | 31 |
| Official Blames Tuberculosis Deaths Increase on Refugees ..... | 31 |

## LATIN AMERICA

### REGIONAL AFFAIRS

|                                                                  |    |
|------------------------------------------------------------------|----|
| Military Opens Border to Haitians; Health Program in Place ..... | 32 |
| Central American Health Report Through 26 August .....           | 32 |
| Central American Health Report Through 2 September .....         | 32 |
| Central American Health Report Through 23 September .....        | 33 |
| Central American Health Report Through 30 September .....        | 33 |
| Central American Health Report Through 7 October .....           | 34 |
| Southern Cone Health Report Through 8 September .....            | 35 |
| Southern Cone Health Report Through 17 October .....             | 35 |
| South American Health Report Through 9 September .....           | 36 |
| South American Health Report Through 23 September .....          | 36 |
| South American Health Report Through 30 September .....          | 36 |

### BOLIVIA

|                                                         |    |
|---------------------------------------------------------|----|
| Country at High Risk, Prevention Campaign Planned ..... | 36 |
|---------------------------------------------------------|----|

### CUBA

|                                                                |    |
|----------------------------------------------------------------|----|
| Health Official Reports Statistics on HIV, AIDS Cases .....    | 37 |
| Matanzas Under Porcine Cholera Outbreak Alert .....            | 38 |
| Assessment of Pharmaceutical Industry .....                    | 38 |
| Blockade Blamed for Problems, Shortages in Health Sector ..... | 40 |
| Doctor Discusses Blockade's Effects on Pacemaker Supply .....  | 41 |

### ECUADOR

|                                                       |    |
|-------------------------------------------------------|----|
| Malaria Eradication for High-Risk Cities Viewed ..... | 42 |
|-------------------------------------------------------|----|

## NEAR EAST/SOUTH ASIA

### INDIA

|                                                                      |    |
|----------------------------------------------------------------------|----|
| Bombay Sees Increasing Incidence of AIDS .....                       | 43 |
| Apathy Toward AIDS Scored, Surveillance Questioned .....             | 43 |
| Twenty-One Thalassemic Patients Detected With AIDS .....             | 44 |
| AIDS Seminar Panelist Predicts Three Million HIV Cases by 1996 ..... | 44 |
| Punjab Fails To Curb AIDS Menace .....                               | 44 |
| Enteritis, Cholera Kill 997 in Uttar Pradesh .....                   | 45 |
| Weil's Disease Epidemic in Kerala Causes Concern .....               | 45 |
| Commentary Outlines Causes of New 'Plague' in Country .....          | 45 |
| Pneumonic Plague in Gujarat .....                                    | 45 |
| Surat City Declared 'Disease-Affected'; Plague Kills 24 .....        | 45 |
| Further on Outbreak of Pneumonic Plague in Gujarat .....             | 46 |
| Control Operations 'Stepped Up' .....                                | 47 |
| Thirty-Seven Dead .....                                              | 47 |
| Further on Plague Situation .....                                    | 48 |
| Plague Detected in Jaipur as Situation Improves in Surat .....       | 48 |
| Ministry Asks Embassies To Stop 'Baseless Rumors' on Plague .....    | 48 |
| Concern Over Cholera in Bihar .....                                  | 49 |
| 'Menacing Proportions' of Diarrhea in Bihar .....                    | 49 |
| Officials Report Statistics on Diarrhea in Bihar .....               | 49 |

## IRAN

|                                                    |    |
|----------------------------------------------------|----|
| Darabad Laser Therapy Unit Begins Operations ..... | 49 |
|----------------------------------------------------|----|

## IRAQ

|                                                             |    |
|-------------------------------------------------------------|----|
| Health Minister Denies Spread of AIDS .....                 | 50 |
| Health Report Notes 'Alarming Rise' in Mortality Rate ..... | 50 |

## LEBANON

|                                                        |    |
|--------------------------------------------------------|----|
| Report on Diseases in North, Preventive Measures ..... | 51 |
|--------------------------------------------------------|----|

## PAKISTAN

|                                                      |    |
|------------------------------------------------------|----|
| Government Moves to Expel Foreigners With AIDS ..... | 52 |
| Cholera 'Epidemic' Reported in Chitral .....         | 52 |

## CENTRAL EURASIA

### RUSSIA

|                                                                  |    |
|------------------------------------------------------------------|----|
| Cholera Epidemic in Dagestan .....                               | 53 |
| Meeting Views 'Alarming' Cholera Situation .....                 | 53 |
| Government Decree on Anti-Cholera Measures .....                 | 53 |
| Ministry Briefs Press on Dagestan Cholera Status .....           | 54 |
| Health Minister Outlines Anticholera Measures .....              | 54 |
| Dagestan Cholera Blamed on Mecca Pilgrims, Bad Sanitation .....  | 55 |
| Toll in Daghestan 1,077 on 16 October .....                      | 56 |
| 'Nontoxic' Cholera Vibrio Detected Near Saratov .....            | 56 |
| Vladivostok at Risk From 'New' Cholera Vibrio .....              | 56 |
| Dagestan Cholera Blamed on Mecca Pilgrims, Bad Sanitation .....  | 56 |
| Ministry Reports on Cholera, Dysentery, Diphtheria .....         | 57 |
| Lviv Oblast Tightens Up Measures To Fight Cholera .....          | 57 |
| Cholera, Anthrax, Other Diseases on Increase in Rostov .....     | 57 |
| Diphtheria Epidemic 'Real Threat' in Syktyvkar .....             | 57 |
| Diphtheria Epidemic Threatens Maritime Territory .....           | 58 |
| Diphtheria Cases Reported in Sochi .....                         | 58 |
| Sanitary and Epidemiological Inspectorate Threatens Strike ..... | 58 |
| Physicians Discuss Resurgence of Tuberculosis .....              | 58 |
| Jaundice Epidemic at Transbaykal Border Guard District .....     | 58 |
| Expert Cited on Plague Threat in North Caucasus .....            | 59 |
| Epidemics Threat in Armed Forces Seen .....                      | 59 |
| Ministry Report Shows Increase in Child Mortality .....          | 60 |
| Aspects of Increased Mortality Pondered .....                    | 60 |

### BELARUS

|                                                                 |    |
|-----------------------------------------------------------------|----|
| Case of Cholera Reported in Mogilev .....                       | 61 |
| Situation on 'Cholera Front' Said Improving .....               | 62 |
| Health Ministry Says Disease Rate Tripled Since Chernobyl ..... | 62 |
| Syphilis Cases Number as Many Today as 50 Years Ago .....       | 62 |

### ESTONIA

|                                                   |    |
|---------------------------------------------------|----|
| Cholera Bacteria Suspected at Tallinn Beach ..... | 62 |
|---------------------------------------------------|----|

### KYRGYZSTAN

|                                                |    |
|------------------------------------------------|----|
| Forty-Eight Cases of Diphtheria Recorded ..... | 62 |
|------------------------------------------------|----|

## UKRAINE

|                                                                   |    |
|-------------------------------------------------------------------|----|
| Low National Incidence of AIDS Explained .....                    | 62 |
| Cholera, Anthrax Alert in Poltava, Volyn Oblasts .....            | 63 |
| Cholera Spreads in Nikolayev; Sale of Fish Products Banned .....  | 63 |
| Number of Cholera Victims Reported on Rise in Crimea .....        | 63 |
| Report Details Crimean Epidemics, Unsanitary Conditions .....     | 63 |
| Measures Taken To Avoid Crimea Cholera Epidemic .....             | 64 |
| Crimean Parliament Discusses Epidemic .....                       | 65 |
| Urgent Measures To Contain Cholera .....                          | 65 |
| Statistics Given .....                                            | 65 |
| Measures To Localize Cholera Outbreak .....                       | 66 |
| Health Legislation Violations Uncovered as Cholera Spreads .....  | 66 |
| Number of Cholera Patients Stabilized at 694 .....                | 66 |
| Cholera Attributed to Fish .....                                  | 66 |
| Number Infected With Cholera Reaches 810 .....                    | 66 |
| Serious Lapses Caused Cholera To Spread .....                     | 67 |
| Special Regulations Introduced To Prevent Spread of Cholera ..... | 67 |
| Cholera Discovered in Black Sea Fleet Unit .....                  | 67 |
| Cholera 'Epidemic' in Kherson .....                               | 67 |
| Health Center Reports 736 Cholera Cases by 3 October .....        | 67 |
| Cholera Epidemic Spreads to Donetsk Region .....                  | 68 |
| Total of 568 Cholera Cases Confirmed on 29 September .....        | 68 |
| Fishing Banned in Four Regions .....                              | 68 |
| Official Views Country's Epidemic Situation .....                 | 68 |
| Kuchma Forms Anticholera Commission .....                         | 70 |
| Lvov Has Above-Average Diphtheria Infection Rate .....            | 70 |
| Diphtheria Epidemic Growing in Moscow .....                       | 70 |
| Zaporizhzhya Dairy Factory Blamed for Dysentery Outbreak .....    | 70 |
| Sevastopol Combatting Hepatitis A, Dysentery, Diphtheria .....    | 70 |
| Commission Notes Increase in Cancer Cases After Chernobyl .....   | 71 |

## WEST EUROPE

### CYPRUS

|                                                |    |
|------------------------------------------------|----|
| Three More HIV-Positive Cases Discovered ..... | 72 |
|------------------------------------------------|----|

### FRANCE

|                                                         |    |
|---------------------------------------------------------|----|
| First Cystic Fibrosis Gene Therapy Test Under Way ..... | 72 |
|---------------------------------------------------------|----|

### PORTUGAL

|                                        |    |
|----------------------------------------|----|
| Epidemiological Situation Report ..... | 72 |
|----------------------------------------|----|

**Japan Pledges \$3 Billion To Fight Overpopulation, AIDS**  
*OW0609131994 Tokyo KYODO in English 1249 GMT 6 Sep 94*  
[FBIS Transcribed Excerpt] Cairo, Sept. 6 KYODO—Japanese Foreign Minister Yohei Kono said Tuesday [6 September] Japan will contribute 3 billion dollars toward population control and AIDS prevention programs in developing countries by 2000.

Kono announced the undertaking during a speech at a plenary session of the U.N.-sponsored International Conference on Population and Development [ICPD] in Cairo. [passage omitted]

**Finland To Help Counter Rise in Diphtheria Cases in Russia**

*MM1309161194 Moscow ROSSIYSKAYA GAZETA in Russian 13 Sep 94 First Edition p 4*

[Report by Sergey Pankratov: "As Befits Neighbors"]

[FBIS Translated Text] Helsinki—The university hospital in the Finnish city of Tampere and the Botkin Infectious

Diseases Hospital in St. Petersburg have concluded an agreement on cooperation in combating diphtheria. The main aim of the joint research on which medics from the two countries have embarked is to reveal the causes and spread of this seemingly long-forgotten disease.

Last year the number of diphtheria cases in Russia rose sharply, and it amounted to a real epidemic in St. Petersburg.

Diphtheria cases have also been recorded in Finland. All the patients had visited our country as tourists. Naturally, their direct proximity to the source of the infection cannot fail to alarm doctors here.

The Finnish doctors' experience in preventive work and medicines—which will soon be leaving Finland for Russian hospitals—will help to substantially reduce the number of cases. Moreover, the agreement envisages joint scientific research to be funded by Finland's Ministry of Social Affairs and Health.

## REGIONAL AFFAIRS

**Southern African Health Report 29 August-4 September**  
*MB0409182594*

[FBIS Editorial Report] The following is a compilation of reports monitored by FBIS Mbabane Bureau from 29 August to 4 September concerning outbreaks of and reports on various diseases. The items are listed by country and disease. The source follows each item.

**Mozambique**

AIDS—"NOTICIAS revealed today that 64 cases of AIDS have been registered in Nampula Province since the beginning of this year. According to the newspaper, health sources in Nampula say there are a large number of AIDS cases because people do not take the disease seriously." (Maputo Radio Mozambique Network in Portuguese 0800 GMT 29 Aug 94)

**South Africa**

AIDS—"Southern Life on 31 August said the percentage of life insurance applicants with the virus that causes AIDS had grown from 1.1 to 1.7 in the past six months. Spokesman Paul Truyens said infection rates among males were 1.7 percent and 1.6 percent among females. Infection was most prevalent in the 26-30 age group—2.4 percent—and the 31-35 group—2.3 percent. Southern Life's HIV statistics are supported by four national surveys of women attending prenatal clinics, which show a rapid rise in infection rates in all regions. In 1990 there were 16 cases in every 1,000 people tested by prenatal clinics in KwaZulu/Natal. This figure grew to 29 in 1991, 48 in 1992, and 96 last year." (Johannesburg SAPA in English 1350 GMT 31 Aug 94)

TB—Tuberculosis and AIDS were South Africa's biggest health problems. Health Minister Dr. Nkosazana Zuma said on 1 September. Last year, 88,000 new TB cases were reported, with 2,101 deaths. The treatment success rate was only 79 percent and the TB threat could increase even more as the HIV infection spreads. The ministry aims to increase its immunization coverage to 85 percent by the end of 1997. (Johannesburg SAPA in English 1349 GMT 1 Sep 94)

**Swaziland**

Dysentery—A dysentery outbreak has killed at least two people so far in the drought stricken areas. The epidemic in the lowveld has already attacked about 200 adults and 80 children. The epidemic killed two children, aged two and 15 years, at Lubulini last month. (Mbabane THE TIMES OF SWAZILAND in English 4 Sep 94 p 3)

**Zambia**

Rabies—"Rabies has broken out in Munguwa township, and all areas within a radius of 20 km from the post office have been declared infected. Munguwa District Veterinary Officer Joseph Sikali, who confirmed the outbreak on 31 August, said specimen was taken to Lusaka and tested positive. Sikali said his department is unable to conduct a vaccination exercise because it has no drugs." (Lusaka

Zambia National Broadcasting Corporation Network in English 0500 GMT 1 Sep 94)

**Zimbabwe**

AIDS—"Nearly one million Zimbabweans are HIV positive, and at least 120,000 have the full-blown AIDS virus, the ZIANA National News Agency reported 4 September. In 15 years' time, one in three children may be an orphan, predicted co-ordinator of the Harare-based Southern Africa AIDS Information Dissemination Service, Helen Jackson. Zimbabwe was likely to experience reduced national income because of lower productivity, reduced taxes and savings and a higher health expenditure as a result of the AIDS pandemic. 'Between 20 and 25 per cent of ante-natal women have the HIV virus and the number is steadily rising according to reports from clinics,' she said." (Johannesburg SAPA in English 0754 GMT 4 Sep 94)

**Southern African Health Report 5-11 September**  
*MB1109134194*

[FBIS Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 5 to 11 September concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

**Mozambique**

AIDS—The number of people diagnosed with AIDS in Mozambique over the past two months increased from 826 to a little more than 1,500. This was reported on 6 September by Dr. Avertino Barreto, director of the National Program of Control of Sexual Diseases and AIDS. He estimated that 200,000 people are carrying the AIDS virus in the country, but stressed that the number of people infected may be much higher. (Maputo Radio Mozambique Network in Portuguese 0500 GMT 7 Sep 94)

**Zambia**

Trypanosomiasis—Trypanosomiasis, a tsetse fly-transmitted disease has broken out in the Mankunka, Ngwezi, and Chinyungu areas of Livingstone. The southern province's veterinary officer, Dr. Dominique Minyoi, confirmed the outbreak and said the disease—first identified in July—has spread rapidly because of the intermingling of domestic livestock and wild animals. Minyoi also said a number of cases had been reported in the Malema area of Pinazeze, Macha, and Mapanza in Choma. (Lusaka Zambia National Broadcasting Corporation Network in English 1800 GMT 7 Sep 94)

**Southern African Health Report 12-18 September**  
*MB1909054594*

[FBIS Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 12 to 18 September concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.



#### Angola

**Meningitis**—Meningitis still is killing people in Huila Province where more than 70 people have been killed so far. The Health Ministry is facing shortages of funds to deal with the situation. Cunene Province was the first affected by the virus and Huila was affected because of the movement of people between the two areas. (Luanda TPA Television Network in Portuguese 1930 GMT 14 Sep 94)

#### Mozambique

**Meningitis**—An outbreak of meningitis has hit the outlying areas of the city of Maputo, where sanitation and hygiene conditions are regarded as unsafe. A Ministry of Health statement says 120 people have contracted the disease in the past five weeks. (Maputo Radio Mozambique Network in Portuguese 1730 GMT 14 Sep 94)

#### Zambia

**Meningitis**—The outbreak of meningitis in Chinsali that claimed several lives recently has been brought under complete control. Northern Province Deputy Permanent Secretary Alexander Mulenga told ZANA, ZAMBIA NEWS AGENCY, on 14 September that there was no reason for panic because medical officers were working flat out to wipe out the disease. Mulenga said no more deaths had been recorded recently. (Lusaka Zambia National Broadcasting Corporation Network in English 1800 GMT 14 Sep 94)

**AIDS**—"Health officials in Zambia have said that more than 700,000 Zambian nationals between ages 15 and 45 are infected with the AIDS virus. They added that implementing the AIDS prevention program in the country is frustrating due to difficult economic conditions. A number of sources say that rich men are paying youths for sexual favors, and this hinders the fight against the spread of the disease." (Maputo Radio Mozambique Network in Portuguese 1400 GMT 16 Sep 94)

#### Zimbabwe

**AIDS**—"It is reported from Harare, Zimbabwe, that an average of 18 inmates die of AIDS-related diseases in Zimbabwe's prisons every month. Highlighting chronic health problems in Zimbabwean jails, THE HERALD newspaper today quoted a Prisons Services spokesman as saying AIDS has killed about 150 prisoners since January....About 800,000 Zimbabweans out of a population of 10.4 million are infected with the HIV virus, which causes AIDS." (Gaborone Radio Botswana Network in English 1110 GMT 13 Sep 94)

#### Southern African Health Report 19-25 September MB2509145394

[FBIS Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 19 to 25 September concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

#### South Africa

**AIDS, Cancer**—People suffering from cancer and AIDS live longer than expected after being treated with substances from indigenous plants. This appears from research revealed in Cape Town at a congress of the South African Pharmacological Association. More than 100 cancer patients have been treated with the "substance (hypoxes)." There was no proof they are cured but their life expectancy apparently improved. More than 100 people who tested HIV positive have been treated, and it appears the substance delays the immune system's breakdown. The substance has not been approved yet by the Medicines Control Board. (Johannesburg Radio South Africa Network in English 1600 GMT 23 Sep 94)

#### Swaziland

**AIDS**—It was reported at a HIV/AIDS Infection workshop 15-17 September that about 131,728 people in the country will be HIV positive by 1995. In the first quarter of 1994, 32 cases were reported to the Health Ministry. (Mbabane THE SWAZI OBSERVER in English 19 Sep 94 p 4)

#### Southern African Health Report 26 September-2 October

MB0210191194

[FBIS Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 26 September to 2 October concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Sources follows each item.

#### Angola

**Meningitis**—A total of 15 people have died of meningitis in Saurimo Central Hospital, Lunda Sul Province. The hospital has no resources to fight the disease. Two weeks ago, seven people suffering from the disease were admitted to hospital. Now there are 30. (Luanda Radio Nacional Network in Portuguese 1900 GMT 1 Oct 94)

#### Swaziland

**AIDS**—Acting Education Minister Albert Shabangu has disclosed that "thirty three (33) percent of students in one High School in the country have AIDS." Shabangu was speaking at the launch of the MacMillian Boleswa Swaziland AIDS Awareness Program, and he did "not mention the name of the school nor the region in which it is." At the same event Health Minister Derek von Wissell said the "50 to 59 age group, which last year had a relatively low HIV figure, about 10 percent, has doubled this year to 22 percent. He reiterated his claim that in other parts of the country, one in every three people has it." (Mbabane TIMES OF SWAZILAND in English 30 Sep 94 p 1)

**West/Central/East Africa Health Reports 26 August-10 September**

ABI209151494

[FBIS Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas from 26 August to 10 September. Source information is given in parentheses after each item.

**Chad**

**Cholera**—Chadian national radio on 31 August reported a cholera outbreak in Chad, mainly in Ndjamena, where about 10 deaths have been recorded in hospital. The cholera outbreak followed recent heavy rains which caused extensive flooding and substantial material damage in southern Chad. The Chadian health minister said about 100 cholera patients have been hospitalized in the capital and he has decided to set up a crisis committee to assess the situation. The suburbs of Ndjamena, where residents often drink well water that is not chemically treated, have been most affected by the disease. The cholera epidemic might also spread to southern Chad, especially Sarh, 500 km southeast of Ndjamena. Radio Chad said most areas in Sarh were flooded by last week's violent rains and a section of the population has taken refuge in public buildings, notably schools. Sarh is situated on the lowlands between the Chari and Barh-Koh rivers thus making it a high risk area for floods. (Paris AFP in French 1351 GMT 31 Aug 94)

**Cholera**—The department of health on 17 August informed the national and international community about the outbreak of a cholera epidemic in the country as a result of the heavy rains. A standing technical committee has been set to check the situation and an appeal for voluntary aid has been made. The European Union has contributed 100 million CFA francs and donations have also been made by nationals. Despite these contributions, the epidemic continues. The health minister on 6 September therefore renewed the appeal to the international community before the diplomatic corps and international organization representatives. The minister said the situation since 17 August has been alarming both in terms of new cases and the spread of the disease in the various districts of the capital. From 1 August to 4 September, 445 cases were recorded with 23 deaths, representing a death rate of 1.17 percent. He added that in view of the country's experience in 1992 when some 13,916 cases were recorded with 1,544 deaths, the government intends to be vigilant by mobilizing all the necessary resources to deal with the situation. (Ndjamena Radiodiffusion Nationale Tchadienne Radio in French 1900 GMT 6 Sep 94)

**Nigeria**

**Vaginal fistula**—Federal government hospitals in the country have been directed to treat vaginal fistula cases free of charge. The minister of health and social services, Dr. Sarki Tafida, gave the directive through his special assistant in Kaduna. Dr. Tafida said that presently there are 200,000 cases of women suffering from vaginal fistula in the country.

He explained that the growing number of such cases necessitate the Federal government to direct the treatment at its expense. The minister pointed out that maternal mortality stands at 800 per 100,000 people while infant mortality stands at 87 per 1,000. Dr. Tafida also explained that about 68 percent of childbirths in the country are conducted at high risk. (Kaduna Radio Nigeria in English 1700 GMT 30 Aug 94)

**Cholera**—A cholera outbreak has been reported in at least four out of the 34 local government areas of Kano State. Places affected are Gwarzo, Shanono, Gezawa, and Minjibir local government areas. The commissioner for health said the persistent pollution of drinking water has forced many people to drink contaminated water especially in rural areas, which has resulted in the epidemic. He said that due to the shortage of drinking water, people are forced to drink water from open wells and other dirty places. The commissioner however said that a team of medical personnel equipped with drugs and vaccines has been dispatched to the areas to control the outbreak. (Kaduna Radio Nigeria in English 1700 GMT 30 Aug 94)

**Nigeria**

**HIV/AIDS**—Medical experts in Kaduna State say there has been a steady increase in the number of HIV and full-blown AIDS cases in Kaduna within the last five years. The Kaduna State AIDS coordinator, Dr. Ishaya Tananu, says Kaduna State runs sixth in the number of AIDS sufferers in the country. NTA Kaduna correspondent, Yunusa Aliyu, also reports that the AIDS scare has now gripped parts of Kaduna State sequel to a report released by the state's AIDS committee indicating that about (717) percent of the 16,000 screened recently are carriers of the AIDS virus. Out of 16,000 persons screened in the last six years, about 145 tested positive. A sustained enlightenment campaign has been stepped up by the state committee on AIDS and is in the meantime directed at commercial sex workers and health personnel. (Lagos NTA Television Network in English 2000 GMT 2 Sep 94)

**Sierra Leone**

**Cholera**—A cholera epidemic in western and northern Sierra Leone has claimed 67 lives, including those of 21 children, since the start of August, a Health Ministry official said on 2 September. Dr. Sheku Tejan Kamara told a news conference that biological analyses have confirmed the outbreak, which has affected more than 1,200 people, with Freetown itself hit by some 20 cases. He said hospitals have as yet been unable to register sufferers in some outlying villages, but added that the country is receiving help from UNICEF and a French aid organization, both of which have set up care centers to combat the outbreak. A 1986 cholera epidemic killed 300 people in the West African country. (Paris AFP in English 2018 GMT 2 Sep 94)

**Tanzania**

**Poliomyelitis**—Tanzania has succeeded in reducing poliomyelitis to a large extent, Health Minister Amran Mayagila

said on 26 August, when answering a question in Parliament. He said statistics from health service centers show that in 1965 there were 345 polio patients and that in 1992 there are only nine patients. This figure shows the extent to which Tanzania has succeeded in combating the disease. He said the WHO's aim to completely eradicate polio by the year 2000 applies to all countries in the world and that the Tanzania Government accepted that aim at international health conferences held in the United States in 1988 and 1990. Mayagila asked MP's to encourage citizens to send patients who are suddenly afflicted by polio to health service centers so that they may be examined on the source of their infection and so that appropriate steps may be taken on the disease. (Dar es Salaam Radio Tanzania Network in Swahili 1300 GMT 26 Aug 94)

#### Zaire

**Cholera**—There is a cholera outbreak in northern Shaba, where 446 cases and 58 deaths have been recorded at the local hospital. This was disclosed by a member of the High Council of the Republic-Transitional Parliament, who has just spent a three-week vacation in the area. According to the deputy, the lack of potable water is responsible for this situation. (Kinshasa Voix du Zaire in French 1800 GMT 10 Sep 94)

#### WHO Regional Committee for Africa Adopts Resolutions

AB1409163294 Dakar PANA in English  
1457 GMT 14 Sep 94

[FBIS Transcribed Text] Brazzaville, 14 Sept (PANA) - The 44th session of the WHO Regional Committee for Africa adopted Tuesday [13 September] in Brazzaville several resolutions on the fight against communicable diseases on the African continent, so as to achieve adequate health development in the region. The resolutions included the need to support, intensify and strengthen national and regional programs to fight pandemics. The eradication of leprosy, river blindness, tuberculosis, acute respiratory infections, poliomyelitis and neonatal tetanus drew particular attention.

Other resolutions centered on the reduction of maternal and neonatal mortality, and the improvement of the nutrition. "The development of mental health and health technologies at the district level" was also among resolutions adopted by the 46 African health ministers, representing WHO member-states in Africa.

On the fight against AIDS, the delegates recommended the intensification of information campaigns, education and communication, especially in schools, as well as the promotion and social marketing of condoms so that all potential users have access to them.

All resolutions adopted should be given priority in the action of the new WHO Africa regional director, Dr. Ibrahim Samba of Gambia. Meanwhile, a new working document entitled "Minimum Package on Health for All" was adopted. The 45th session of the regional committee, during which discussions will focus on problems related to

"funding health care", will be held in Libreville, Gabon, in September 1995, and the 46th is scheduled for September 1996 in Brazzaville, Congo.

#### CAMEROON

##### Official Stresses Seriousness of AIDS Threat

94WE0465A Yaounde CAMEROON TRIBUNE  
in English 18 Aug 94 p 3

[Interview with Samba Andre by PNE; first paragraph CAMEROON TRIBUNE comment]

[FBIS Transcribed Text] Samba Andre, a soft-spoken Director in the Ministry of Womens and Social Action in the Central African Republic, talked to CAMEROON TRIBUNE shortly before leaving Yaounde for Bangui where he participated in the international workshop on AIDS and the Youth. Among other issues, he attributes the spread of AIDS in the subregion to mobility, migration and the lack of strict moral upbringing. Excerpts:

**CAMEROON TRIBUNE:** Have you learnt anything positive from this workshop, if so, how will you sensitize the Youth in your country on the perils of the AIDS pandemic?

**Samba Andre:** We've mapped out a common action plan or, better still, I can say a common strategy. This workshop has made us to ameliorate our knowledge and we've selected programmes which will be suitable not only among the youth in schools but also those outside schools whom I can term as belonging to the informal sector. Those attending schools pose no problems but our main worry is how to mobilise and sensitize these youths who are not attending schools... From what we've learnt from the workshop, I hope to perform better when I return to my country.

**CAMEROON TRIBUNE:** Is AIDS a threat to the youth in our country?

**Samba Andre:** If I judge from some statistics of 1992, out of about 2,730 cases, students topped the list with 18 percent. After the students, then came the military... These figures demonstrate how serious a threat AIDS has become.

**CAMEROON TRIBUNE:** What of prostitutes?

**Samba Andre:** I'll not use the word prostitute because we are in a country where the word prostitute is not in vogue.

There's prostitution as in any other country but we prefer using the words free girls... Calling someone a prostitute could land you in court. These free girls are well organised in associations and these associations have leaders who sensitize and teach others about the risk of unprotected sex and how to control the spread of AIDS.

**CAMEROON TRIBUNE:** Are you actively involved in helping the youth curb the spread of AIDS?

**Samba Andre:** I've been actively involved in youth programmes geared towards fighting AIDS. In 1992, I helped in forming a national association for the youth against AIDS in the Central African Republic.



**CAMEROON TRIBUNE:** Has the balance-sheet been positive?

**Samba Andre:** Yes... positive because at first we had only less than 20 youth in the association but now we have more than 2,000 members grouped in clubs and affiliated groups. Moreover, this association is represented in all the nooks and corners of the Central African Republic.

## CONGO

**President Lissouba Describes New Medical Center**  
*AB0809153594 Brazzaville Radio Nationale Congolaise Network in French 1800 GMT 7 Sep 94*

[FBIS Translated Excerpts] The 44th session of the WHO African Regional Committee opened in Brazzaville this morning. The meeting will provide the opportunity to find new strategies for eradicating some diseases that are still prevalent in Africa. Shortly after the opening ceremony, deliberations started at the WHO regional office. [passage omitted]

Also present at the opening ceremony which took place at parliament house were former Malian President Amadou Toumani Toure, WHO Director General Hiroshi Nakajima, and President Pascal Lissouba. [passage omitted]

For his part, President Pascal Lissouba, after reviewing the continent's socioeconomic and political situation, centered his address on the major diseases that are seriously threatening human lives, particularly AIDS and malaria. For the future, Professor Pascal Lissouba proposed the following solutions: [begin Lissouba recording]

**Lissouba:** Concerning Africa's health situation, let me call on our (?experts) and the regional director to (?design) elements for the most objective assessment that will make it possible to draft a pertinent strategy to fight against diseases because this yardstick will form the basis for the election of the new WHO African regional director. I hope the next WHO work program for Africa will be geared toward the formulation of a policy based upon the training of personnel. This new program can differ from the previous ones only if it places emphasis on the development of research in order to promote strategies that are adapted to our environment. It was for this reason that I committed myself to setting up a multipurpose center in Congo for human science—the Cite Pasteur—to serve Africa. Its activities will center on research into the major diseases affecting our continent, particularly AIDS, malaria, and sickle cell anaemia. The decision to set up this center is an important one and is, therefore, not accidental. It calls for the creativity of all. [end recording]

## GHANA

**Over 2,000 Youth Infected With HIV/AIDS**  
*94WE0460A Accra DAILY GRAPHIC in English 26 Jul 94 p 16*

[Article by Rosemary Ardayfio]

[FBIS Transcribed Text] More than 2,000 youths in Ghana between ages 10 and 24 years are reported to be presently HIV/AIDS-infected. This number forms 16 percent of the reported number of cases in the country.

Commodore Steve Obimpeh, Minister of Health said this when he opened a five-day inter-country workshop to plan youth-focussed Information, Education and Communication (IEC) strategies and activities at district level for AIDS and Sexually-Transmitted Diseases (STD) prevention and care.

The World Health Organisation (WHO) sponsored workshop is being attended by delegates from Liberia, Nigeria, The Gambia, Sierra Leone and Ghana.

Commodore Ohimpeh noted that the youth face the problem of reaching sexual maturity before they reached physical, emotional, social or economic maturity.

He stated that other factors that lead young people to engage in high risk behaviour include inadequate supervision of the youth, boredom and lack of parental control.

The minister stressed that since sexual activity is the commonest way of spreading HIV infection, it is important to provide the youth with the necessary information to enable them [to] protect themselves from acquiring the infection.

Dr Brian Dando, WHO Representative in Ghana, said the workshop is one of a series which the WHO is conducting to sharpen the district level focus on HIV/AIDS prevention and care strategies and activities targeted at the youth.

He said the focus on the youth is expedient because many studies conducted in the African region have indicated that the youth are vulnerable to many health problems related to behaviour and the environment.

Dr Dando said statistics on HIV/AIDS from all the countries of the African region indicated that the most affected age group is 15-39 years old.

Thus, in the absence of effective treatment or cure, appropriate IEC on prevention of HIV/AIDS remains the most important weapon to prevent infection and protect the health of the youth and the population in general.

Mr E.T. Mensah, Minister of Youth and Sports, who chaired the function urged the participants to identify behaviour indicators for accessing progress and impact of IEC programmes for the prevention of AIDS among the youth from the district to the regional levels.

## LIBERIA

### Six Hundred Cholera Cases Reported in Week

94WE0462A Accra DAILY GRAPHIC in English  
8 Aug 94 p 6

[FBIS Transcribed Text] The Liberian Ministry of Health yesterday raised an alarm that an outbreak of cholera has left at least one person dead and 600 cases have been reported to authorities in the past week.

Residents have been advised not to drink from unchlorinated wells, Health Minister Vamba Kanneh said, while hospitals and clinics have been instructed not to release the bodies of cholera victims "in order to avoid exposing families to the disease."

A special team from the health ministry and non-governmental organisations will be responsible for the burials of victims. Worst affected are the crowded suburbs of Bushrod Island and West Point, Kanneh said.

On July 26 the humanitarian organisation Medecins Sans Frontiers-Belgique (MSF-B) estimated "between 300 and 500" had died of cholera and around 3,000 had been treated for the disease in the Monrovia area since June.

Kanneh said 500 wells in and around Monrovia had already been chlorinated.

Most Monrovia residents are dependent on well water since October 1992 when fighters of Charles Taylor's National Patriotic Front of Liberia (NPFL) damaged a water treatment plant 25 km north of the capital.

The health ministry also reported an outbreak of diarrhoea on Sunday. Teams of health workers will be visiting schools in the coming days with medical advice on how to control the disease and "urgent health messages" have been issued to the public.

## MAURITIUS

### July Report of AIDS Cases

95P50005A Port Louis LE MAURICIEN in French  
6 Aug 94 p 7

[FBIS Editorial Report] The ministry of health's AIDS unit confirms one new male case of AIDS reported in July, bringing the total number of resident males to have contracted the disease since the beginning of the year to three, and the total number of resident males who have contracted the disease since 1987 to 18. Only one resident female case has been confirmed since the beginning of the year, for a total of four resident female victims since 1987. Two AIDS victims died in July, making three the total number of AIDS deaths since January and 19 the number since 1987.

Resident HIV-positive cases reported are: one male in July, three males since January, and 20 males since 1987. No resident females were reported HIV-positive in July and only one has been confirmed since January, making 12 the total number of HIV-positive female cases reported since

1987. Of the male and female HIV-positive cases, none has died this year and only two have died since 1987.

No new non-resident AIDS and HIV-positive cases were reported in July, making six the year's total number of non-resident males in this category and 23 their number since 1987. Only one new non-resident female was confirmed in this category since January; only five non-resident female cases have been confirmed since 1987.

This brings to 12 the total number of male resident and non-resident AIDS and HIV-positive cases confirmed since January; the total since 1987 is 61 cases. The total number of female resident and non-resident AIDS and HIV-positive cases confirmed since January is three; since 1987 the total is 21.

The ministry report includes in the resident probable risk category 35 heterosexuals, 11 homo/bisexuals, three intravenous drug users, two heterosexually active intravenous drug users, and three persons in an undetermined category. The total number of residents at probable risk is 54.

The ministry of health plans in the near future to launch an information campaign in the press and spoken media to raise public consciousness of the AIDS risks. Anal sexual intercourse and the use of syringes by drug abusers will be discouraged.

## MOZAMBIQUE

### Bubonic Plague Halts Refugee Repatriation From Malawi

MB0410161094 London BBC World Service in English  
1515 GMT 4 Oct 94

[FBIS Transcribed Text] The UNHCR's Mozambican refugee repatriation program has been put at risk by a potentially deadly health scare. The program is in its final stages, and about 100,000 Mozambicans have returned so far this year to Mutarara District on the border with Malawi, but now the operation may have to be put on halt, as Barnaby Philips reports from Maputo:

Reliable aid sources in the northern town of Tete say that bubonic plague has broken out in Mutarara District. Some 120 cases have so far been identified, concentrated in the Inhangoma area, close to the Chire River. The Mozambican Health Ministry and Medecins Sans Frontiers Organization have been working to isolate the affected population and treat them with antibiotics.

Three people have already died. A doctor working in Mutarara told me that it is too early to know how serious the outbreak is, but I understand that the UNHCR has now suspended repatriation into affected areas.

Some aid organizations complain that the UNHCR has not paid enough attention to the living conditions in the areas to which they are repatriating people. Bubonic plague is spread by rats, and an explosion in Mutarara's rat population has been reported in recent months. The district suffered a poor harvest last year, increasing people's vulnerability. Tens of

thousands refugees are still waiting to go home to Mutarara District, and it looks as if some of them will now have to carry on waiting.

### Three Killed by Bubonic Plague in Mutarara

MB0510085494 London BBC World Service in English  
0627 GMT 5 Oct 94

[From the "African News" program]

[FBIS Transcribed Text] The UN High Commissioner for Refugees says it has suspended the repatriation of Mozambican refugees from neighboring Malawi into an area in northern Mozambique following the death of three people from bubonic plague. Another 120 people are reported to be suffering from the disease in the Mutarara District along the border with Malawi.

## NAMIBIA

### Minister Says HIV Cases Approaching 9,000

94WE0461A Windhoek THE NAMIBIAN in English  
19 Aug 94 p 3

[Article by Absalom Shigwedha: "AIDS Problem Worsening by the Day"]

[FBIS Transcribed Text] The number of HIV-infected individuals and AIDS cases in Namibia was fast approaching the 9,000 mark, Health and Social Services Minister Dr Nicky Iyambo said on Wednesday.

Sounding a sober message, Iyambo noted that from "just four recognised AIDS cases in 1986, the situation seems to be getting worse with each passing day.

"As at the end of May this year, we had a combined 8,184 HIV-infected individuals and AIDS cases. Now we are fast approaching the 9,000 mark."

Iyambo was addressing the annual general meeting of the Namibian Network of AIDS Service Organisation (Nanaso) in Katutura.

He warned that Namibians should not underestimate the seriousness of the problem and that what Namibian was witnessing now was probably only the tip of the iceberg.

"Considering the size of our population, the problem of AIDS and HIV infection is, without any doubt whatsoever, a very serious one indeed."

If the situation and experiences from other countries were anything to go by "then we must prepare ourselves to deal with a large caseload of AIDS and its consequences for a long time to come."

The Minister noted that young Namibians were the ones mainly affected by AIDS and the HIV and warned those Namibians who said AIDS does not exist "to stop this wishful thinking because AIDS is here in our beloved country and very active within our communities." He said that behind each of 8,184 cases "is a true Namibian face—men, women, children, of all physical sizes, position in life, religion, race or colour." Describing the AIDS onslaught in

Namibia as an epidemic, Iyambo noted that in Namibia HIV was mostly transmitted through heterosexual intercourse—in fact in nine out of 10 cases—and through mothers infecting their unborn children. "So we are confronted with an epidemic that thrives on the inability of our people to appreciate the seriousness of the disease themselves and to those around them." He added that it was not too late for the people to be warned about the killer disease. Iyambo said he was highly optimistic that "we still have an opportunity to stop the further spread of the disease in our country."

## NIGERIA

### Cases of HTLV Along With HIV Being Reported

94WE0464A Lagos THE GUARDIAN in English  
10 Jul 94 p A3

[Article by Seth Akintoye: "Experts Report Multiple Infections of AIDS in Nigeria"]

[FBIS Transcribed Text] There is a new complication in the immuno-deficiency syndrome (AIDS) scourge in the country, as serological evidence now shows that people infected with the HIV type 1 or 2 have also tested positive to the human T-lymphotropic virus (HTLV) type I and II.

HIV 1 and 2 are responsible for AIDS disease while HTLV-I and II cause different forms of leukaemia blood disorder (cancer of the blood cells).

The co-infection of the four human retroviruses in the same person or persons is a dangerous dimension which may frustrate current government efforts to curtail the AIDS scourge.

In two separate studies—"Evidence of serological cross-reactivities with HIV 1 and 2; and HTLV I and II in sera of pregnant women at the University College Hospital (UCH) Ibadan," and "Infection with human immuno-deficiency viruses and human T-cell lymphotropic viruses in the same individuals in Nigeria," medical experts were able to prove that patients in their sexually active age have more than one of the four human retroviruses.

In the first study which examined the rate of co-infection with four viruses using 4,153 human sera collected from different categories of people in 21 locations in Nigeria, Dr. David Olaleye, a consultant virologist and head of department of Virology, University of Ibadan and Dr. Comfort Ekweozor of UCH discovered eight (0.2 percent) samples were positive to both HIV and HTLV antibodies—five of the eight (62.5 percent) samples were HIV 1 and HTLV-1 positive; two samples (25 percent) responded positive to HIV-2 and HTLV-1 while one (12.5 percent) tested positive to antibodies of all the four viruses.

The second study—evidence of serological cross-reactivities with HIV-1 and 2 and HTLV I and II in sera of pregnant women in Ibadan—however presents more worrisome manifestation, with 71 (19.5 percent) of the 364 sera screened having antibodies of HIV, HTLV or both groups of retroviruses. Most (95.8 percent) of the reactive samples were from



women between 20 and 29 years old. Two of five sera from individuals less than 20 years old yielded positive to HIV antibodies while one serum from a 40-year-old woman was HTLV-I positive. Of the 71 reactive sera however, seven (9.8 percent) were seropositive to both HIV and HTLV antibodies in various combinations, including that of a woman showing anti-body reactivities to all the four retroviruses (i.e., HIV-1, HIV-2, HTLV-I and HTLV-II).

There were also 29 (eight percent) other pregnant women whose sera had antibodies positive to either HIV-I or II or combination of both (HIV-I (14); HIV-II (9); HIV-I&II (6) sera). 42 samples (11.5 percent) however showed antibodies to HTLV in the following contribution (HTLV-I (20 samples); HTLV II (14 samples) and combination of HTLV I&II (sera).

The study which was both analysed at UCH Ibadan and laboratory of Viral Oncology and AIDS Research, University of Southern California with funds partly provided by the USC-Rasheed Research Fund and the Fogarty International Fellowship of USA, were undertaken by Dr David Olaleye, Dr. (Mrs) Comfort Ekweozor both of University College Hospital Ibadan; and Dr. Zhijuan Sheng as well as Dr. Suraiya Rasheed of University of Southern California.

Dr. Olaleye who revealed that there is no data at present to show the prevalence of retroviral infections or anti-bodies among pregnant women in Nigeria, said the studies have demonstrated "an overall high prevalence rate of antibodies (19.5 percent) to HIV HTLV or both groups of retroviruses among women of child-bearing age in Ibadan, Nigeria."

Since the HIV and HTLV groups of viruses are capable of integrating in the human genome, Dr. Olaleye said the findings have important implications for defining epidemiological pattern of diseases that may involve co-infections with two or more human retroviruses."

One serious implication of the four viruses which are sexually transmitted according to Olaleye is that one triggers the other, making the disease progress fast.

"HTLV I is known to trigger or potentiate replication of HIV. In essence, such HTLV-I infected person is likely to develop AIDS faster because of short incubation period and also present with very aggressive form of AIDS with the likelihood of developing leukaemia," Dr. Olaleye said.

**Mosquito Species That Transmits Dengue Found**  
94WE0464B Lagos THE GUARDIAN in English  
3 Jul 94 pp 1, A2

[Article by Seth Akintoye: "Dengue Virus Carrying Mosquitoes Found in Nigeria"]

[FBIS Transcribed Text] A species of mosquito—*Aedes albopictus*—alien to Africa but commonly found in Asia where it transmits the Dengue virus infection, has been found in Nigeria.

The discovery at Ekuku-Agbor, Ejemianigor, Isele-Mkpitime and Ubulu-Uku areas of Delta State by a medical

team from the department of virology, University College Hospital, Ibadan and the Federal Ministry of Health and Social Services has raised fears of future dengue virus epidemic in the country if urgent steps are not taken to monitor and extirpate the species.

A consultant virologist at the Federal Ministry of Health said the diagnosis of dengue fever has not been seriously pursued in Nigeria, added that it was possible that the mosquito species (*Aedes albopictus*) had been present in Nigeria for a long time without it being known, simply because nobody investigated it. He, however, said that other members of the *Aedes* family, besides *Aedes albopictus* could transmit the virus.

The discovery of the species was made late in 1992 and again in 1993 when the medical team comprising Professor Oyewale Tomori, Dr. Johnson Adeniji both of the University of Ibadan and Mr. V. Ezike, an epidemiologist with the Federal Ministry of Health, Enugu as well as Dr A. Nasidi, conducted a yellow fever surveillance in the area.

The study itself was prompted by the yellow fever outbreak of that period before the medical team stumbled on the mosquito species.

The species, black with silvery white body, has six fragile long legs, a pair of wings and a pair of knob-like halters. It also has median white line on dark thorax, a feature which differentiates it from other *Aedes* family.

Other features of *Aedes albopictus* which differentiate it from midges, crane flies and other two-winged insects include elongated proboscis, wing veins clothed with scales and the fringe of scales on the hind margin of its wings.

Although the origin of the species in Nigeria is (still) obscure, Dr Adeniji who explained that the virology department of the University of Ibadan had tested the insect for virus, said the medical team suspects the mosquito might have been brought amid used tyres imported into Nigeria.

This assumption was premised on the fact that the period of discovery of the mosquito coincided with that of mass importation of used tyres into Nigeria. The insect could have hidden or laid eggs in the used tyres which were later hatched in Nigeria.

According to Adeniji, the species which has not been documented in Africa before now is the main vector of dengue fever virus in Asia.

The disease which causes serious muscular joints pains, body rashes and in extreme cases, haemorrhagic shock syndrome is deadly.

The disease which is classified into four types often begins with a mild attack before progressing into a more severe complication characterised by haemorrhage and the symptoms of shock. This form is usually seen in children who have experienced a previous attack due to a different sub-type of virus.

But Dr. Adeniji said on real infection with second sub-type of dengue, immune complexes are formed due to production of excess anti-body following the first attack which react with the second virus.

"The complexes start off complement activation which liberate toxic substances (anaphylatoxins), leading to massive increase in vascular permeability," Adeniji said.

Dengue virus II and type I had been isolated in 1964 and 1967 in human beings in Nigeria at the virology department of the University of Ibadan.

There was also an isolation from *Aedes aegypti* collected in Ibadan and Jos. But no epidemic of the disease had been reported in Nigeria.

But with the discovery of the *Aedes albopictus* which is more prominent in transmitting the virus, Dr. Adeniji said there are fears that the vector may transmit dengue or even pick up yellow fever virus and transmit it more rapidly than *Aedes aegypti* in Nigeria.

Although the discovered species of the *Aedes albopictus* did not contain any virus when examined by the University of Ibadan, Dr Adeniji said there was need to monitor other coastal areas of the country "to know the population dynamics" of the mosquitoes in the country, to enable researchers [to] determine the type of agents they carry. This will also encourage the formation of control plan.

Each year, millions of people contract dengue virus infection in Asia, Pacific Islands and the Americas. But the majority of the infection consists of the classical form of dengue, undifferentiated fever, or asymptomatic infections.

"Each year, however, tens to hundreds of thousands of cases of the most serious form, dengue haemorrhagic fever and dengue shock syndrome (DHF/DSS) are reported mainly in South-east Asia. Two important epidemics of DHF/DSS have occurred in the Americas: one in Cuba (1981) and another in Venezuela (1989-1990) and the disease has been spreading to other countries in the region," noted the weekly Epidemiological record of the World Health Organisation (WHO) for June 17, 1994.

## SIERRA LEONE

### Cholera Death Toll Rises to 300 as Epidemic Spreads South

AB2309221094 Paris AFP in English 2021 GMT 23 Sep 94

[FBIS Transcribed Text] Freetown, Sept 23 (AFP)—The death toll in a cholera epidemic in Sierra Leone has risen to around 300, a health ministry official in Freetown said Friday.

An outbreak in the south of the country has claimed some 60 lives, with up to 150 new cases being reported daily, the official said.

There are fears particularly in camps for displaced persons forced to flee their homes due to the rebel war, especially Gondema camp where thousands living near the town of Bo, 170 kilometres (105 miles) east of Freetown.

Outbreaks of the disease were first reported in early August in Freetown and near the northern Guinea border around the northern Yelibuya peninsula, 50 kilometres (35 miles) north of the capital, but were only confirmed later as cholera.

On September 12, Chief medical officer Noel Conteh warned that isolated cases of the disease were being reported at inland towns, adding that it could be difficult to control in areas affected by the war against rebels of the Revolutionary United Front (RUF).

## SOUTH AFRICA

### Minister Announces Plan To Combat AIDS

94WE0458A Capetown THE ARGUS in English  
22 Jul 94 p 6

[Article by Pieter Malan]

[FBIS Transcribed Text] National Health Minister Nkosazana Dlamini Zuma's adoption of a R257 million, two-year national plan to fight AIDS has been welcomed by a broad range of organisations.

In its reaction the Medical Research Council called for a stronger focus on behavioural science research and the design of a contraceptive health programme for the country.

The plan was presented to the minister yesterday by the National AIDS Convention of South Africa (Nacosa) which comprises 75 organisations representing health interests, big business and AIDS awareness campaigners.

At the presentation Dr Zuma said her ministry would double its allocation for fighting AIDS from R21 million to R42 million.

Dr Zuma said about R120 million, most of which would be contributed by the Department of National Health, would be needed in the first year of the plan's implementation and the government hoped the shortfall would be covered by big business, private funders and agencies such as the World Health Organisation.

The plan has three broad goals:

- To prevent the spread of AIDS.
- To reduce the impact of the disease.
- To mobilise local, national and international resources to combat AIDS.

These goals will be attained by, among others, school sex education programmes, regular mass media campaigns, the distribution of condoms and the extensive training of health workers.

Dr Ralph Mqijuma, chairman of the co-ordinating committee, said South African AIDS statistics were "very alarming."

Four percent of the population was infected with HIV that led to AIDS. The number of victims had doubled from 1992 to 1993.

Western Cape Nacosa chairman Martin Hobday said yesterday it was not yet clear exactly how the funds would be

distributed regionally, but the percentage of treated patients and the percentage of the national population living in the area would be taken into account, he said.

"How the national plan will be changed to suit local needs is not yet sure—we have, however, identified a job creation programme for people infected with the HIV as a priority," Professor Hobday said.

In a joint statement the Western Cape regional Nacosa committee and the city council said Nacosa and local authorities were in "broad agreement" with the plan.

However, at a recent regional workshop, job creation for people with HIV had also been identified as a priority.

Derek Yach, the Medical Research Council's head of essential health research, said the plan was directly in line with the MRC's mission but because AIDS was such an overwhelming problem, the temptation existed to "throw money at the problem without thinking about the most cost-efficient interventions.

"The reality is that health education campaigns have yet to have a marked impact on behaviour in other countries.

"This suggests we need to focus our efforts even more strongly on appropriate behavioural science research, aimed at identifying a contraceptive health education programme for South Africa."

#### **AIDS Forecaster's Predictions Analyzed**

94WE0458B Johannesburg WEEKEND STAR  
in English 30-31 Jul 94 p 11

[Article by David Robbins: "Kill This Monster"]

[Text] As you read this, one in 20 South Africans between the ages of 15 and 59 is HIV positive, which means that sexual contact with that person could result in death by AIDS.

Worst affected regions are KwaZulu, where nearly one in 10 sexually active people is already infected, and certain areas in the PWV where the percentages will soon be at this level. The national average is one in 22, but rising rapidly.

A glance at the global picture reveals that of the 13 to 14 million people infected with HIV, more than half (7.5 million) live in sub-Saharan Africa. Most countries in our region are already severely affected by the epidemic: people are dying at a rate of nearly 1,000 a week in Zambia, for example, while our own epidemic is still in its infancy.

Why has South Africa lagged behind? The answer is that our political and economic isolation (reinforced by plenty of soldiers and barbed wire along our borders throughout the 1980s) retarded the spread of the disease from the north.

This explains why a country like Namibia already has over 5,000 AIDS sufferers out of a population of less than 1.5 million, while South Africa has less than 4,000 out of a population in excess of 40 million.

But in the long run South Africa cannot hope to be even partially immune. It's an epidemic we are stuck with,

according to Peter Doyle, a Cape Town actuary and South Africa's most respected AIDS forecaster, who has made predictions until 2010.

But isn't the whole HIV/AIDS scare overdone? How are HIV statistics collected? How has Doyle arrived at his predictions? Is there nothing that can be done to lessen the impact of an epidemic that appears from the available evidence to be still in its infancy?

Such questions deserve accurate answers.

Let's take the collection of HIV statistics first. Since 1990, the Department of National Health has conducted surveys among women attending antenatal clinics during a specified two-month period. Pregnant women have their blood tested routinely. After these tests have been conducted, individual names are removed (but not the geographic locality or the race) and the blood is retested for HIV positivity.

The 1993 survey (which has provided many of the statistics used in this article) was based on 15,545 blood specimens collected from across the country. All specimens testing HIV positive were retested in accredited virology laboratories.

By applying statistical procedures to the results, and especially by comparing data to previous surveys, an estimate is achieved that is widely considered to be one of the most accurate in the world.

Obviously, these annual statistics help a great deal when we get into the prediction business.

Yet it should be borne in mind that in the late 1980s, before the annual surveys began, and when from other sources the incidence of HIV positivity in KwaZulu was estimated at less than 1 percent, Doyle's computer was saying that by 1994 KwaZulu's rate would be around 9 percent. In fact, it's currently standing at 9.6 percent. That's accurate forecasting.

Like forecasting of any kind, Doyle's model is based on what we know (in terms of population figures and current rates of population growth) and how this basic data is impacted upon by what are called key assumptions. Some of the assumptions which Doyle has fed into his computer are that: HIV infection in Africa is transmitted predominantly by heterosexual contact.

Account must be taken of the impact and incidence of various risk behaviours, as well as a gradual geographic spread of the infection.

There will be no cure for AIDS before 2010.

Significant changes in sexual behaviour will only occur once large numbers of people are sick and dying from AIDS.

An incubation period (from HIV infection to the development of AIDS) of nine years was used, and data from the whole of sub-Saharan Africa was collected to fine-tune the calculations.

The main predictions to emerge are published on this page. HIV prevalence will have climbed to above 20 percent by 2010. That's about one in four to five of the sexually active



population. Over the same period, the number of people ill with AIDS will have grown from less than 4,000 to about 600,000.

But look again at the graphics.

Notice that there are large differences between the high, medium and low predictions.

Does this mean that there is actually something which can be done which will impact on the size of South Africa's HIV/AIDS epidemic?

Listen to Doyle's definitions of these varying predictions.

"The high scenario assumes that the epidemic will follow the course of the worst-afflicted countries in East and Central Africa, and that there will be no change in sexual behaviour.

"The medium scenario assumes that the epidemic follows the high scenario, but that from the middle 1990s (that's next year) the large numbers of persons sick with AIDS combined with successful and sustained education efforts result in a significant change in the pattern of sexual behaviour.

"The low scenario assumes that the epidemic follows the medium scenario, but in addition major successes are achieved in treating other sexually transmitted diseases (whose presence dramatically increases the chance of HIV transmission), and that condoms are much more widely used."

All this adds up to considerable good news for South Africa. The HIV/AIDS epidemic is not a monolithic monster devouring everything in its path.

Interventions—especially increased awareness and education, the improved treatment of STDs and availability of condoms—could make a significant difference.

#### **Dwindling Water Supply Creates Health Hazards**

*MB2909150394 Johannesburg Radio South Africa Network in English 1400 GMT 29 Sep 94*

[FBIS Transcribed Text] Scores of squatter camps are springing up along water pipelines in the drought-stricken Northern Transvaal, and more than 1.5 million people are now drinking unpurified water. The ANC and the Transvaal Agricultural Union said that increasing numbers of people were damaging the pipelines to reroute the water, which resulted in its not reaching the areas where it was desperately needed.

At least one hospital's water supply has dried up, and some residents are now suffering from gastric fever. A short while ago the Defense Force began taking water to certain areas, and a short-term crisis plan was introduced.

Meanwhile, the drought in the Eastern Transvaal has resulted in Nelspruit and White River being declared emergency areas as far as drinking water is concerned.

## **ZAIRE**

### **Government Asks EU for Aid To Combat Sleeping Sickness Epidemic**

*AB1809202594 Kinshasa Tele-Zaire Television Network in French 1904 GMT 17 Sep 94*

[Communique on cabinet meeting at the Hotel du Conseil in Kinshasa on 17 September; read by Information and Press Minister Philippe Masegabio Nsanzu]

[FBIS Translated Excerpts] [Passage omitted] On further reports, the cabinet was also informed about a renewed outbreak of endemic diseases. [passage omitted]

In regard to the renewed outbreak of endemic diseases including—alas—sleeping sickness, which was thought to have been eradicated from our country, the government has decided to appeal for emergency humanitarian aid from the European Union. For its part, the government will be responsible for other illnesses. [passage omitted]

## **ZAMBIA**

### **Number of AIDS Deaths Likely To Double in Four Years**

*94WE0463D Lusaka SUNDAY TIMES OF ZAMBIA in English 31 Jul 94 p 7*

[FBIS Transcribed Text] The dreaded AIDS disease epidemic in Zambia has sent alarming and warning signals that the HIV is spreading at a daily rate of between 400 and 500 new afflictions sending ripples of consternation in medical circles.

The Zambian medical authorities and World Health Organisation (WHO) predict that there will be about 1.1 million people afflicted by the HIV by 1997 while 65,400 of them would die.

Current statistics indicate that there were 702,000 people infected with HIV, about 16.5 percent out of a population of 8.9 million.

Conservative estimates however, put the figure at more than two million people would be infected by the HIV by the year 2000 while about 100,000 would perish.

WHO Zambia AIDS project coordinator, Dr Roland Msiska confirms that the rapid spread of HIV infection in the last 10 years would result in a dramatic increase in AIDS cases and AIDS related deaths in five to 10 years to come.

A total of 50,000 people have so far died since the AIDS epidemic was first diagnosed in 1984, said Dr Msiska who described the situation as gloomy and precarious.

According to the socio-economic impact AIDS (SELA), a joint Ministry of Health and WHO report says 11,100 children have died of AIDS and a further 24,400 were doomed to die by the year 1997.

The AIDS epidemic has consequently orphaned 77,700 Zambian children and this figure was expected to catapult to an alarming 362,200 by 1997, according to medical authorities projections.

Invariably, Zambia would host a total of 600,000 orphans by the year 2000, if not more, a situation attributed to the steep rise in adult mortality as the ravaging AIDS digs its roots deeper into the Zambian society.

The SELA report grimly predicts: "This number of annual AIDS deaths is likely to double to 100,000 in four years."

The report reveals that 30 percent of all AIDS deaths were likely to be children infected by their mothers during the pre-natal period.

The AIDS deaths, asserts Dr Msiska, would occur in the 20-44 age group: "The major concern occurs on the welfare and opportunities for the orphaned children as the most productive manpower and health care, would be a pipe-dream for the forlorn souls."

This would consequently result in high morbidity and mortality rate among the orphans compared to other children.

Minister of Health Michael Sata blames the escalation of HIV and AIDS transmission on gross responsibility by casual sex revellers, with an emphatic stress:

"They derive maximum enjoyment but with little responsibility completely ignoring fatality consequences of the AIDS disease."

WHO expert, Dr Knut Fylkesnes says the incubation period for AIDS before it ruptures into full blown stage averages 10 years from HIV infection.

Nevertheless, this varies from individual immunity system to the living conditions or environment of each victim.

Zambia has received a total of \$10 million since 1988 from the international community. WHO technical officer in Lusaka Kamau Thuo says an additional \$21 million in bilateral aid from donors was made available for the period bringing the total to \$30 million.

Dr Msiska and his team conceded that current estimates were under-reported.

There were more AIDS cases in Zambia than officially acknowledged but the situation could only be appropriately contained if good moral standards prevailed.

Fidelity is the ultimate.

#### **Meningitis Outbreak at Kabwe, Central Province**

94WE0463B Lusaka TIMES OF ZAMBIA in English  
25 Aug 94 p 1

[FBIS Transcribed Text] The number of meningitis cases at Kabwe General Hospital has risen to 21, said Central Province medical officer Dr Henry Muzia yesterday.

Dr Muzia said from Kabwe that at least nine children and 12 adults were brought to the hospital with suspected meningitis since the disease broke out on August 16.

Three patients had tested positive to meningitis and hospital staff were still conducting tests to ascertain the disease of the other patients.

The hospital had three admissions on Tuesday evening and two have been discharged.

"These are suspected cases of meningitis and only three have been confirmed. The rest are having further tests," Dr Muzia said.

When the disease first appeared, the hospital recorded seven admissions in the children's ward and 11 in the adult section.

- Kitwe City Council will demolish three dams along Kitwe stream to reduce malaria in the city.

Director of health Dr Rodwell Kafula said yesterday that his department had identified the dams as breeding grounds of mosquitoes.

#### **Four Dead in Western Province From Meningitis**

94WE0463A Lusaka TIMES OF ZAMBIA in English  
2 Aug 94 p 3

[FBIS Transcribed Excerpt] Four people have died and 12 others were hospitalised after a fresh outbreak of meningitis in the Western Province barely a month since a previous attack swept the province.

Western Province Minister Mr Leonard Subulwa said a "serious" outbreak occurred at Kahilo and Jolo areas of Sesheke District over the past week.

Mr Subulwa said during his recent tour of the area which falls under his Parliamentary constituency he discovered that the disease first broke out in one of the villages of Kahilo and spread to surrounding villages.

Since the area is far from the main hospital, the 12 patients are being treated at Kahilo rural health centre.

Last month the province had an outbreak of the disease which attacked Mongu prison and resulted in the admission of seven inmates to Lewanika General Hospital.

[Passage omitted]

#### **Dysentery Outbreak at Kamfinsa Prison**

94WE0463E Lusaka TIMES OF ZAMBIA in English  
9 Aug 94 p 1

[FBIS Transcribed Text] About 44 prisoners at the congested Kamfinsa prison have been attacked by dysentery and 17 are in Kitwe Central Hospital. Twenty-seven others are being treated at the prison.

Prisons public relations officer Mr Augustine Phiri said the disease had struck the prison which had more than 1,000 inmates for the past two weeks.

He said 17 prisoners who were seriously ill were taken to Kitwe Central Hospital last week and 27 were being treated at the prison clinic.



Mr Phiri said there was a critical drug shortage at the prison clinic and some patients were only being quarantined for lack of medicines.

"The problem we have is those receiving treatment at the clinic do not get adequate drugs. The only measure we have taken is isolating them," Mr Phiri said.

The clinic bought drugs after funding from the provincial accounting control unit (PACU).

There had been no deaths from either the hospital or clinic and patients at both places were responding to treatment.

He said the prison was congested because it held remandees and convicted prisoners. Sanitation was poor with an erratic water supply which only compounds the problem there.

The situation was controlled to stop the disease from spreading.

#### **Government Bans Mozambicans' Entry To Control Plague**

*MB0710185894 Lusaka Zambia National Broadcasting Corporation Network in English 1800 GMT 7 Oct 94*

[FBIS Transcribed Text] The government has ordered that nobody from Mozambique should enter Zambia until further notice following the outbreak of the pneumonic plague in the former Portuguese colony. The move is with immediate effect. Health Minister Michael Sata told ZNBC [Zambia National Broadcasting Corporation] today that the government has further instructed that all provincial medical officers should cooperate with the Department of Immigration to screen anybody from outside entering Zambia. Mr. Sata said Zambia has decided to suspend the entry of people from Mozambique because Mozambique has treatment facilities for the plague. He said the plague in Mozambique is related to the one in India, explaining that the disease has spread to the Indian coast because of ships from India to the ports of Lobito and Durban in South Africa.

#### **TB Cases Expected To Increase 20 Percent Per Year**

*94WE0463C Lusaka TIMES OF ZAMBIA in English 31 Jul 94 p 3*

[Article by Fred Chela: "TB on Upswing in Zambia"]

[FBIS Transcribed Text] Tuberculosis (TB) cases in Zambia are expected to triple to 855 per 100,000 in the year 2000 from 332 per 100,000 in 1994, according to Ministry of Health projections.

More than 31,200 people are afflicted by TB in Zambia now and this figure is expected to shoot up to 93,000 by the year 2000, a very grim prediction, according to the World Health Organisation (WHO).

The AIDS disease emergent scenario would compound the situation to alarming proportions with conservative estimates predicting about 1,000 cases per 100,000 by the turn of the century.

WHO specialist and Zambia AIDS projects coordinator Dr Ronald Msiska in graphic observations says this entailed a 20-percent increase per year of new TB cases, stressing:

"The absolute numbers of new cases could increase three times higher by the end of the decade than compared to the 1994 figures."

According to the Ministry of Health report, socio-economic impact of AIDS (SEIA), Zambia health care system would experience a further increase in absolute number of new TB cases in the next five to 10 years.

The report reveals that the increase in case fatality because of TB, averaged 100 per 1,000, the majority being HIV/AIDS related.

Current statistics indicate that from 1984-1992, 120.7 per 100,000 cases were recorded, representing an increase of 159 percent in eight years.

Dr Msiska explains that a 10-percent increase was linked to the drug reaction in TB patients between 1988 and 1990.

Invariably, from 1977 to 1983, the cases oscillate around 100 per 100,000 general population. This scenario is attributed to a slow expansion in construction of hospitals and health centres in Zambia.

However, from 1964 to 1971, a reduction of 30.8 percent in TB cases was attained. This represented 127.6 per 100,000 in 1964 to a substantial 87.7 per 100,000 in 1970, says the report.

Dr Msiska echoes that this decline occurred when Zambia health care system was undergoing rapid expansion in terms of building hospitals and rural health centres.

Nevertheless, Dr Msiska links the prevalence development of TB in HIV patients to immuno-deficiency in the dormant TB bacilli, often reactivated.

Dr Msiska argues: "In Zambia, both reactivation of endogenous infection and re-infection, are likely causes of the increase in TB cases."

According to SEIA report, a person whose immune system is compromised, can get TB and develop actual symptoms. In most adults in a population with a high proportion of latent TB, this progresses to an overt clinical TB.

The second aspect of contracting the TB disease, is a direct contact with an infected person.

"This situation is more apparent in the crowded shanty townships where conditions are appalling and dreadful," concurs Dr Knut Fylkesnes.

SEIA report indicates that about 50 percent of individuals get infected when they become in contact with the afflicted.

Besides, 90 percent of people infected with tubercle bacilli, remain sequestered in the quiescent foci in the body and do not progress to clinical TB.

However, 10 percent of the people infected with tubercle bacilli eventually blooms into full clinical TB.

The principal effect of HIV on the immunity quantitatively and qualitatively on TB is its involvement of CD4 positive T-lymphocytes.

T helper lymphocyte, is a cell that plays a central role in regulating the immune response—responsible for inducing other immune responses and activate immune cells such as cytotoxic cells, B-lymphocytes and macrophage activation.

According to SEIA, this results in opportunistic infections from intracellular agents like parasites, fungi, bacteria and microbacteria affecting the individual.

With the dreaded AIDS disease playing havoc in the social stratum of Zambia, the only salvation for the society's survival entails commitment to fidelity—one wife one husband or one partner only for life.

The slow puncture or slim disease, give it any befitting adjective or superlative, is a dreaded killer disease because it has no cure.

How committed are you? ... a matter of conjecture.

## ZIMBABWE

**Total of 1,329 AIDS Deaths in Bulawayo in Year**  
94WE0459C Harare *THE SUNDAY MAIL* in English  
14 Aug 94 p 8

[FBIS Transcribed Text] Bulawayo—A total of 1,329 people died of AIDS in the city of Bulawayo during the year ending June 1994, says a report from the director of health services in the city.

Reporting to the health, housing amenities and liquor committee on July 27, the director revealed that just over 21 percent of the total deaths that occurred in the city that month, had been due to HIV-related causes.

There was a total of 650 deaths during the month of June, 139 of which were AIDS-related. Of that number, 44 were between the ages of 30 and 39. It was this age bracket that had more deaths than any other, followed by infants of between 0 and 4 years of age, with 36 deaths.

**Ten Measles Deaths in Gutu, Soti-Source**  
94WE0459A Harare *THE HERALD* in English  
17 Aug 94 p 2

[FBIS Transcribed Text] Soti-Source (Gutu)—At least three more people have succumbed to a measles outbreak that has hit Gutu district bringing the death toll to about 10 since the first death was reported early last month.

The latest outbreak has reportedly spread from Soti-Source resettlement scheme and Zvavahera to Chiguhune communal lands further north, heightening fears of a widespread outbreak.

Two week ago, health officials here confirmed five measles deaths but settler farmers said up to nine people, mainly schoolchildren, died while several others had been detained at Gutu mission hospital.

Soti-Source resettlement officer, Mr Emmanuel Gundani, last week expressed fears the death toll could rise sharply as more people in the scheme and surrounding communal lands had fallen victim of the disease.

The latest deaths, he said, occurred during the weekend of August 5, adding all the victims had been members of Apostolic faith sects which bar adherents from seeking medical treatment.

He said an appeal to both health authorities and the district administrators to help halt the outbreak, which could escalate into an epidemic if not checked quickly, had failed to yield tangible results yet because (Mapositori) members had continued to play truant.

Gutu district administrator, Mr Felix Mhishi, last week launched a crusade aimed at persuading parents to have their children immunised.

The Ministry of Health and Child Welfare has invoked the Child Adoption and Protection Act in attempt to bring a speedy end to the outbreak, which is revisiting Gutu for the second time in less than a year.

Late last year, measles claimed six lives in Chatsworth while 37 other cases were reported in the locality, some 30 km west of Mupandawana Growth Point. Even then, the outbreak was restricted to members of Mapositori faith sects.

Health officials attempts to control the outbreak have been greatly impeded by a shortage of a drug crucial to the treatment of the highly infectious viral disease.

**Newcastle Disease Outbreak in Harare South**  
94WE0459B Harare *THE HERALD* in English  
17 Aug 94 p 1

[FBIS Transcribed Text] Newcastle disease, already wreaking havoc in several communal flocks, has broken out in a backyard flock on a commercial farm about 20 km south of Harare, close to the country's largest poultry farms.

The Department of Veterinary Services, which confirmed the outbreak in the poultry industry's stronghold, had rushed in teams to vaccinate all backyard flocks on farms within a 10 km to 15 km range.

Stonerich Farm, where the outbreak was reported at the weekend, fortunately is predominantly a tobacco farm and no commercial chickens are kept there, veterinary services director Dr Stuart Hargreaves said in an interview yesterday.

He ruled out the possibility of the disease creeping on to nearby poultry commercial farms and said his teams would isolate the outbreak. Besides, the poultry farms have excellent sanitary controls.

Commercial poultry producers, following the resurfacing of Newcastle after almost an eight-year absence, had since vaccinated all their chickens. The exercise was still ongoing.

Apart from supplying millions of day-old chicks and eggs to both commercial and smallholder sectors, several poultry farms in the Beatrice area are among the country's leading exporters of poultry.

Newcastle is highly contagious and dangerous. Being a virus, the disease cannot be cured by any commercial known drug once contracted. Chickens have to be vaccinated in advance against the disease.

Mortalities of 100 percent are common in affected flocks. Other symptoms included respiratory problems and within a week, this acute phase is normally followed by nervous symptoms.

These include twisted necks, birds walking backwards and falling over.

The lack of resources, transport in particular, had crippled the Veterinary department's efforts to control the outbreak, which, reportedly, had hit the whole of Southern Africa.

Dr Hargreaves said the problem had been worsened by people who were not taking heed of the department's call to stop moving chickens in or out of the affected areas.

The rural chicken population was estimated to be in excess of 50 million. It was very difficult for the department to monitor the movement. Dr Hargreaves appealed to people to stop moving chickens until the disease was brought under control.

The fight against the outbreak, now in communal areas of Zhombe, Matanga and Maranda in Masvingo and Hweyo resettlement in Manicaland, was still on.

A national vaccination campaign had been launched in parts of Masvingo, Manicaland, Matabeleland South, Midlands and Mashonaland East. The exercise is very expensive. It cost the department about 20 cents to vaccinate a chicken.

## AUSTRALIA

**HIV Carrier Detained To Protect 'Public Safety'**  
*BK1709141494 Melbourne Radio Australia in English  
1100 GMT 17 Sep 94*

[FBIS Transcribed Text] A 25-year-old man has become the first person in the Australian state of Victoria to be taken into custody in the interests of public safety because he is infected with the AIDS virus, HIV. Tonia Peterson reports the man has been forcibly detained at Melbourne's Fairfield Infectious Diseases Hospital: [begin Peterson recording]

Peterson: Victoria's chief health officer, (Dr. Graham Rods), ordered the man be detained to protect the public health. The man recently has been released from (Pentrich) Prison where he'd been serving a sentence for sex offenses. The spokesman for the Health Department says the man's conduct since release is placing the community at risk and now he is to be kept in Security Ward at Fairfield. Under Section 121 of the Public Health Act, the man can be held for 28 days and the order can be renewed.

It is the first time the act has been used in relations to HIV. In 1982, a woman suffering tuberculosis was confined to her home. [end recording]

## HONG KONG

**Health Department Reports Increase in HIV Infections**

*HK3009072294 Hong Kong SOUTH CHINA MORNING POST in English 30 Sep 94 p 6*

[By Alison Wiseman]

[FBIS Transcribed Text] More heterosexuals than homosexuals have now been infected with the HIV virus in Hong Kong, finally putting the lid on the misconception that AIDS is a gay disease. The latest AIDS figures released by the Health Department yesterday show that 480 people in the territory have tested positive for HIV—including 182 through heterosexual activity and 181 through homosexual activity.

Dr Lee Shui-shan, the Health Department's AIDS consultant, said: "I have been predicting that the figures for the two transmission routes would cross over.

"The number of recorded heterosexual infections has overtaken homosexual infections a little earlier than I predicted. [no closing quotation marks as published]

Although the number of recorded HIV infections is accepted as being much lower than the actual number, Dr Lee said the trends seen in the recorded figures were probably a fairly accurate picture. He said: "We have been telling people that heterosexuals are at risk of being infected with HIV for some time but most people still think that AIDS is more a homosexual problem than a heterosexual problem."

## INDONESIA

**Health Department Reveals Latest HIV-AIDS Figures**

*BK0709011594 Jakarta Radio Republik Indonesia Network in Indonesian 1200 GMT 6 Sep 94*

[FBIS Translated Text] The number of HIV/AIDS cases in Indonesia has increased rapidly. Based on Health Department data, the number of HIV/AIDS cases rose from six in 1987 to 176 in October 1993. A total of 262 cases were recorded at the end of July 1994. Thus, there was a sharp increase from the previous year.

Meanwhile, Social Affairs Minister Inten Suweno told reporters in Jakarta today that greater attention should be paid to efforts to prevent the disease and cope with the social aspect of those suffering from the disease rather than the medical aspect. Thus, social services will hopefully enhance the people's knowledge about the HIV/AIDS danger. In turn, people will refrain from high-risk acts.

**Four HIV Cases Detected in Central Java**

*EK0310133894 Jakarta KOMPAS in Indonesian  
14 Sep 94 p 8*

[FBIS Translated Excerpt] Semarang, KOMPAS—Two women and two men have been diagnosed with HIV in Central Java. The women, prostitutes from Magelang and Pemalang, had been recorded in the 1994 July HIV/AIDS epidemiology report, while the cases of the other two men from Salatiga Regency were recorded in the August report. The identities of the two men remain unknown.

Dr. Jaka Handaya, MPH [Master of Public Health], head of the Central Java Health Department, disclosed this when responding to reporters at his office on 13 September.

Jaka said that the cases of the women were detected when a routine blood test was conducted on high-risk groups during the 1993/94 period. During that period, samples were taken from 16,735 persons residing in various Central Java districts. As a result, the women were discovered to be infected with HIV. Both are receiving treatment, guidance, and counseling but have not been quarantined.

A statement has been issued declaring and confirming that two other prostitutes in Baturaden, Purwokerto District—previously believed to be infected with HIV—were actually free of the virus after Western Blot [preceding two words in English] tests conducted at Jakarta General Hospital proved negative. Currently, fewer tourists are reported to be visiting Baturaden, a resort destination.

Meanwhile, the cases of the men from Salatiga Regency were only discovered after tests on samples of donated blood were done at the Salatiga Regency's Indonesian Red Cross blood transfusion unit. Fortunately, the contaminated blood had not been administered in any transfusions.

It has been difficult to track down the men because their identities are unknown. According to Jaka, the Indonesian



Red Cross does not have any background on donors whose blood was stocked at the unit. [Passage omitted on normal blood donation procedures]

**Diarrhea Kills 26, Affects 650 Others in Jambi**  
*BK1309034194 Jakarta THE INDONESIA TIMES*  
*in English 2 Sep 94 p 1*

[Text] Jambi, Sumatera—At least 26 people died of diarrhoea in Jambi and 650 others afflicted following the spread of the disease in the province's 14 eastern villages in the past three months.

Health official Abdul Hamid here said Thursday that the local administration has been distributing medicines to backward villages in Jambi in an effort to curb down the spread of the diarrhoea, which usually occurs during the dry season.

"Starting the month of June, diarrhoea starts spreading, especially in areas that do not have clean water," Hamid said. Medical teams have been sent to the areas to monitor the situation, he added.

**West Java Health Official Reports 476 Cholera Cases**  
*BK0110120394 Jakarta KOMPAS in Indonesian*  
*17 Sep 94 p 17*

[FBIS Translated Text] Bandung, KOMPAS—The number of cases of cholera, which in its early stages is like diarrhea, has increased in North Ciamis. To date, information received from West Java Provincial Health Department indicates that 476 persons have been infected with cholera. The department has already recorded five deaths from the disease, while other reports have stated that six victims died.

Dr. Haikin Rachmat MSc [Master of Science] head of West Java Health Department, in an interview with KOMPAS on 16 September in Bandung, admitted that there was an outbreak of diarrhea and cholera in North Ciamis. On the same day, Dr. Haikin and West Java's Health Department team officials conducted an on-the-spot observation of the victims of the disease in North Ciamis.

He said: "As of today [16 September], North Ciamis is the only region affected by an outbreak of diarrhea. So far no reports from other regions have been received. It is hoped that people will be fully aware of the possibility of an outbreak of diarrhea or cholera, particularly during the prevailing drought situation."

Haikin Rachmat said even though the outbreak had occurred in North Ciamis, the West Java health authorities are currently making efforts to prevent the number of diarrhea and cholera cases from increasing. This was because the CFR (Case Fatalities Ratio) [preceding words in English] figure is still relatively high, that is, 1.1 percent.

This means that 11 persons die out of every 1,000 persons infected with diarrhea or cholera.

Haikin Rachmat added: "We are currently able to keep the CFR figure below 1.0 percent. The preventive steps which we have undertaken include programs on the prevention of the disease, healthy social living, and guidance."

He added that outbreaks of diarrhea or cholera frequently occur at the end of the dry spell between September and November. In November 1993, North Ciamis residents were prone to diarrhea. 128 diarrhea cases were reported, but no deaths were recorded.

Haikin Rachmat, who was accompanied by the sub-departmental staff members of the Prevention of Communicable Diseases Program, disclosed that the cholera epidemic in North Ciamis was mostly due to the deteriorating quality of the district's environment. As a result, the residents used the only available water supply for their needs. Apart from this, the residents also indiscriminately spread all kinds of garbage around their environs.

In his clarification, the head of West Java Provincial Health Department said: "Diarrhea or cholera occurs when the quality of the environment deteriorates. The germs in the garbage that is spread around penetrate the available water sources. Due to the limited water supply, the residents have no option but to use it, even though it is unfit for consumption. This will definitely amplify the spread of diarrhea."

He also said that the West Java Provincial Health Department had provided medicinal supplies and assistance from medical personnel to North Ciamis in an effort to contain the cholera epidemic. The supplies given were 9,000 bottles of infused liquid, 600 infused sets, 25,000 Tetracycline capsules, 200 bottles of Tetracycline syrup, 100 liters of Lysol, 50 kilograms of Caporite, and 25 pieces of Cholera Coat. An allocation of six million rupiah has been given to meet the operational expenditure for the disease-prone region.

**Total of 195 Infants Die of Cholera in Two Districts**  
*BK0810145794 Jakarta KOMPAS in Indonesian*  
*22 Sep 94 p 17*

[FBIS Translated Excerpt] Ende, KOMPAS—Cholera has spread to the Ende and Sikka districts of the Flores islands, East Nusatenggara, over the last three months. From July to earlier this week, 195 infants below five years old have died of the disease. It has been reported that the intensity of the disease continued to increase in July.

When contacted on 20 September, Dr. Mickael Suri, head of the General Hospital in Ende, said he had not received any reports on the deaths of any cholera victims who had recently received treatment. He said: "The intensity of the disease was increasing, but according to our updated and records, no victims who recently received treatment have died." [passage omitted]

**Twenty-Four Cholera Cases in Purwakarta, One Death**  
*BK3009133694 Jakarta ANTARA in Indonesian*  
2207 GMT 29 Sep 94

[FBIS Translated Text] Purwakarta, 29 Sep (ANTARA)—The cholera outbreak that spread to west Bojong village, in Bojong district, Purwakarta regency in West Java, resulted in one death and left 24 persons infected and seeking treatment over the last week.

As of Thursday [29 September], officials from the Purwakarta Health Department and district administration teams were on the alert to provide guidelines to the affected district. The team was also conducting an investigation into the source of the cholera outbreak during the prevailing drought season.

Engkus Kusumah, a Bojong District official said, "We are continuing our investigation and will provide constant guidance to the public, because the disease broke out due to the people's careless attitude regarding environmental cleanliness."

According to a community health center official in Bojong, the cholera outbreak, which occurred in west Bojong village, actually originated in Bumisari village to the west of Bojong village. He said residents between the ages of 15-44 years were infected by the disease and a 10-year-old boy died because he was beyond help when he was brought to the health center for treatment.

Investigations conducted by various sectors indicated that, besides the lack of environmental health facilities, Bumisari village was also infested by swarms of flies. The village is surrounded by poultry farms.

Residents cite the poultry farms as the major source of flies, along with the emission of a strong stench. There are five big poultry farms in Bumisari village itself.

H. Aspas Aslim, head of Purwakarta Health Department admitted that his authorities are currently monitoring the source of the cholera outbreak in Bumisari through tests conducted on water samples at the department's laboratory.

**Over 2,000 Reportedly Affected by Cholera in Ciamis**  
*BK0810124394 Jakarta ANTARA in Indonesian*  
0955 GMT 8 Oct 94

[FBIS Translated Excerpt] Ciamis, 8 October (ANTARA)—The number of cholera patients in 89 villages in seven subdistricts of Ciamis District in West Java continues to increase and is estimated at over 2,000. Nine people have died. [passage omitted]

Officials of the Ciamis District Health Service said there were 1,731 patients at the beginning of this week and the number is now estimated at about 2,000.

Both the head of the Ciamis District Health Service and Ciamis District Secretary Drs. [academic title] H. Rosadi said the outbreak of cholera affecting the seven subdistricts in the northern part of Ciamis was partly attributable to the people's habits and clean water shortages. [passage omitted]

**Official Reports 37,970 Tuberculosis Cases in Jakarta Area**

*BK0310122594 Jakarta MERDEKA in Indonesian*  
19 Sep 94 p 3

[FBIS Translated Text] Jakarta, Sunday, MERDEKA—Some 37,970 people, or the equivalent of 1.5 percent of the residents of the Jakarta metropolitan area age 15 and older, have been confirmed to be suffering from tuberculosis. Air and environmental pollution, a result of development, is the major cause of respiratory disease, including tuberculosis, in the Jakarta area.

Idrus, Jakarta administrative deputy governor, said this while opening the new building for the Lung and Respiratory Diseases Service Center in Jakarta on 17 September. The clinic, owned by the Indonesian Group for the Eradication of Tuberculosis (PTTI), was officially opened by Madame Tien Suharto, honorary PTTI patron, and Kardinah Suparjo Rustam, chairwoman of the Social Welfare Board.

According to Idrus, the high mortality rate for such diseases in Jakarta is mainly due to the air and environmental pollution which has become more rampant. Tuberculosis is one of the most feared diseases because more time is needed to cure the disease fully.

Idrus said that Jakarta has no specialized hospital treating tuberculosis patients. The Lung and Respiratory Service Center, in the Kemayoran Lama district of South Jakarta, is a special facility assisting people in the vicinity who suffer from tuberculosis and other respiratory diseases.

Mrs. Rustam said the clinic will specifically assist residents in the Kemayoran Lama area. This clinic is the third such facility established by PTTI in Jakarta.

Health Minister Suyuti urged caution regarding the possibility of tuberculosis increasing, particularly in the Jakarta region where the number of HIV/AIDS cases is also high. A youth, whose AIDS-infected body has low resistance, will be more prone to tuberculosis. Research has indicated that a former or current tuberculosis patient is more susceptible to AIDS.

**JAPAN**

**Panel Reports Record High AIDS, HIV Cases in July-August**

*OW2709123394 Tokyo KYODO in English*  
1207 GMT 27 Sep 94

[FBIS Transcribed Text] Tokyo, Sept. 27 KYODO—Newly reported cases of Japanese with AIDS [acquired immune deficiency syndrome] and the human immunodeficiency virus (HIV) are on the increase, setting a bimonthly record of 58 in the July-August period, a government panel reported Tuesday [27 September].

Japan saw 92 new cases, including 34 foreigners, of people with AIDS, or acquired immunodeficiency syndrome, and HIV in July and August, bringing the official national total to 3,481, said the Health and Welfare Ministry's Aids Surveillance Committee.

The total includes 1,772 hemophiliacs infected with the virus through HIV-tainted blood products. The most recent figures do not include hemophiliacs.

Some of the 3,481 include those who were previously on the HIV infection list and later included in the count of AIDS cases, they said.

Forty-two deaths from AIDS were confirmed in the two months, bringing the total number nationally to 483, they said.

Fifty Japanese men, eight Japanese women, 18 foreign men and 16 foreign women made up the newest cases.

Forty-one people were infected through heterosexual contact and 30 through homosexual contact. One infant girl became infected with HIV from her mother during pregnancy or delivery, becoming the 11th baby in Japan to catch the virus through such means, the officials said.

Of the latest figures, two people are under age 20, 29 are in their 20s, 28 in their 30s, 21 in their 40s, and 12 are 50 years old or over.

Forty people caught the virus in Japan and 20 abroad.

#### **Panel Urges Ban on Forced AIDS Tests for Job Seekers**

*OW2909152194 Tokyo KYODO in English  
1433 GMT 29 Sep 94*

[FBIS Transcribed Text] Tokyo, Sept. 29 KYODO—A Labor Ministry committee recommended Thursday [29 September] that firms refrain from forcing job applicants to take AIDS tests in considering whether to employ them, ministry officials said.

The panel made the recommendation in a ministry report, the first of its kind, on Acquired Immunodeficiency Syndrome (AIDS) and its impact on Japanese workers and their workplaces.

The ministry plans to sketch guidelines for the business community and workers by yearend in light of various recommendations in the report, the officials said.

The report urges employers to refrain from demanding that workers and job applicants take tests to determine whether they are infected with the human immunodeficiency virus (HIV), they said.

Even if a worker volunteers to take an AIDS test that proves positive, the employer should prevent leakage of the result in the workplace, while providing sufficient counseling services to the employee, according to the report.

It also calls on employers to provide HIV-positive workers with equal treatment and due care equivalent to that provided to workers infected with other diseases, it says.

The report also urges the ministry to insert into the new guidelines a clause stipulating that an HIV infection does not provide any rationale for firing a worker, they said.

Although a labor law obligates employers to bar employees infected with certain legally designated epidemics from coming

to the job in a bid to deter a spread of an epidemic, an HIV infection does not fall into the designated category, it says.

The report also proposes encouraging employers to train workers in order to provide emergency treatment should an HIV-positive worker be involved in a mishap that results in bleeding, it says.

Employees should be trained beforehand to provide special brief treatment while protecting themselves with masks and gloves stored at the workplace, the report says.

## **NORTH KOREA**

### **NSP Director On Cholera in North Korea**

#### **Cholera 'Running Rampant'**

*SK3009082194 Seoul YONHAP in English  
0640 GMT 30 Sep 94*

[FBIS Transcribed Text] Seoul, Sept. 30 (YONHAP)—The highly contagious disease cholera is running rampant in North Korea, starting from the northeastern coastal cities of Hamhung and Sinpo and spreading westward to Pyongyang, Kaesong and Haeju, National Security Planning (NSP) Director Kim Tok said Friday [30 September].

In a report to the National Assembly Intelligence Committee, Kim said that the situation in the Haeju area is so serious that trains are not even stopping at the station, according to Committee Chairman Rep. Sin Sang-u.

The NSP director was quoted as saying the disease is expected to disappear when the weather turns cold, but the number of infected persons and victims is feared to increase due to a shortage of medicine.

Cholera reportedly began to surface in northeastern coastal areas in mid-September and is now spreading inland, but North Korea has not made any announcement on the outbreak of the virulent disease to the outside world.

### **Military Riots, Cholera Causing Instability in DPRK**

*SK0810064094 Seoul CHUNGANG ILBO in Korean  
8 Oct 94 p 2*

[FBIS Translated Text] It was revealed that North Korea's military and social situation is very unstable, with military riots reported in various localities. It was also learned that cholera, which was known to have developed in only four or five regions, has now spread to some 30 cities throughout the country, including Pyongyang and Hamhung.

According to the members of the National Assembly Intelligence Committee who recently carried out parliamentary inspection of the Agency for National Security Planning [NSP] and its related organs, they stated: "With the delay in the succession of power following Kim Il-sung's death, instances of military riots have been reported throughout the DPRK. Thus, both the military and society are experiencing much instability. The North Korean authorities are making every possible effort to deal with this matter."



According to the members of the Intelligence Committee, the outbreak of cholera that began in mid-September is not subsiding, even though the temperature is falling; rather, it is spreading. Already scores have died from it. Due to the seriousness of the situation, the number of cities imposing curfews is increasing.

However, the North Korean authorities are denying the outbreak of cholera. They are experiencing a hard time in taking preventive measures and treating cholera due to a lack of medicine.

**Red Cross Proposal To Assist With Cholera Rejected**  
*SK0510145194 Seoul KBS-1 Radio Network in Korean 1400 GMT 5 Oct 94*

[FBIS Translated Text] Today the DPRK denied that cholera is spreading in the DPRK. In addition, Pyongyang rejected a proposal by Kang Yong-hun's, president of the Korean National Red Cross, for South-North joint measures to prevent epidemics.

In a commentary today, North Korea's Pyongyang Radio [Pyongyang Radio Pyongyang in Korean to South Korea] said that all contagious diseases in the DPRK disappeared long ago, claiming the word cholera was heard from South Korean reports. Thus, Pyongyang denied that cholera is spreading in the DPRK.

Pyongyang Radio denounced the proposal by President Kang Yong-hun as a plot against North Korea.

**Pyongyang Radio Describes DPRK Health Program**  
*SK0510072894*

[FBIS Editorial Report] Pyongyang Radio Pyongyang in Korean to South Korea at 1700 GMT on 2 October 94 carries a 14-minute lecture on the North Korean health system by Yi Hak-pong, an assistant professor and associate doctor, in the 39th installment of the serial program entitled "The Superiority of Our Country's Socialist System."

In the talk, the professor insists: "In the northern half of the Republic, smallpox, cholera, relapsing fever, malaria, and other epidemics have long disappeared, and venereal diseases, drug addiction, alcoholism, and AIDS—which is called the pest of the 20th Century—and other diseases found in degenerate and ailing societies do not exist at all."

## **SOUTH KOREA**

**Growing Number of AIDS Patients**

*942C0211A Seoul HANGYORE SINMUN in Korean 12 Aug 94 p 8*

[By reporter Chin Chae-hak]

[FBIS Transcribed Text] "I won't mind even cancer or a disease that would hollow out my bones. I would regard it a blessing and be thankful for it if I would die of any disease other than AIDS."

That is the words of desperate agony contained in a private note, "Even a Puppet Needs Practice in the Art of Living

Through the Winter," written by 31-year-old Kim Kyong-min (a false name), a gay who had been living with his homosexual partner for 10 years until he was found to be HIV positive 2 years ago.

Last year certain Chong (then 62 years old), who contracted AIDS during a blood transfusion, attempted a double suicide with his wife by cutting their arteries. In this process his wife got infected with acquired immunodeficiency syndrome (AIDS). Afterwards he helped his wife with her suicide and finally he himself took his own life. This incident shocked the whole society.

AIDS, known as "modern bubonic plague," is a horrible disease that claims a mortality rate of 100 percent. There is no prospect for developing a vaccine or remedy for it by the end of this century.

The number of AIDS cases has been steadily increasing in our country, sounding the alarm that we are no longer living in an AIDS-free haven. The voice is mounting that cries for appropriate control and protective measures for AIDS patients as well as effective AIDS prevention measures.

According to the Ministry of Health and Social Affairs, a total of 369 persons (328 males and 41 females) had been found to be infected with AIDS as of this July since 1985 when the first AIDS case was reported in our country. Of the total, 49 died, and 1 emigrated, and the remaining 319 (including 2 patients) are under the charge of health authorities.

By year, only 14 AIDS cases were reported for the 3-year period from 1985 through 1987, but the number rose to 22 in 1988, 37 in 1989, 54 in 1990, 42 in 1991, and 76 in 1992, and 78 in 1993. As of the end of this July, 46 new cases were reported. Conspicuously, the number has been on the rise with the passage of time.

Particularly since 1992, the number of AIDS cases contracted from sexual intercourses among Koreans was twice the cases contracted while abroad or from sexual intercourses with foreigners, indicating that AIDS in our country has now entered a period of domestic proliferation.

Of the AIDS cases contracted from sexual intercourses among Koreans, 70 are homosexuals and 22 are married couples.

The public health centers in respective areas provide consultations to the infected once a month on a regular basis, and conduct immunological tests once every 6 months, and dispense azidothymidine (AZT) to patients as needed free of charge.

However, some blind spot in our AIDS prevention system has been brought to light, striking fears among the citizenry. Cases in point are those in which some carriers went into hiding to avoid supervision by health authorities or are working on jobs fraught with the danger of spreading AIDS.

Certain Z (32, female), who was arrested in Kwangju on suspicion of fraud, is a typical case. She was found to be HIV positive in 1987 while working as a bar hostess near a U.S. military base. Shockingly, even after the discovery, she



had continued to work as bar hostess for 8 years moving from place to place in the Kwangju and Kunsan areas.

In her police deposition, she claimed that she had no sexual intercourse with anyone. But her neighbors say that judging from her frequent sleeping out, it is highly possible that she might have infected others with the disease.

In another case, certain C, a 23-year-old gay (Seoul resident), donated blood twice last year after it was established that he was an AIDS case. He was suspected of having made his blood donations out of spite.

Experts with the Korea AIDS Association and other civic organizations estimate that the actual number of AIDS cases is more than 10 times the official figures supplied by the Ministry of Health and Social Affairs in view of the fact that AIDS testing is limited to homosexuals and other groups which have a very high probability of spreading AIDS. The WHO predicts that the number of AIDS cases in Korea will reach 50,000 by the end of the 1990's.

The Ministry of Health and Social Affairs are at pains to work out AIDS prevention measures. Currently, it is working on a plan to entrust religious facilities to take care of the nine HIV carriers out of the known cases, who are employed at high-risk jobs which are considered as having a high probability of spreading AIDS.

However, believing that the current state control method over AIDS cases has a limitation in preventing AIDS proliferation, people in some circles, mainly the medical profession and civil groups, are cautiously calling for a policy change, including a swift to voluntary control of AIDS cases by private organizations.

Experts, Professor Choe Kang-won of Seoul University (vice chairman of the Korea AIDS Association) among them, point out: "Practically, Korea is the only country—except Cuba where AIDS patients are kept in isolation—in which HIV carriers are under state supervision. The rigidity of state supervision is beginning to show its side effects, such as the tendency of the infected to avoid state supervision, an inefficient spending of expenditures, and the misconception on the part of the general public.

These experts claim that private organizations are superior in their ability to approach AIDS-prone groups such as homosexuals and are more efficient in protecting the human rights of the infected and carrying out preventive measures.

In this connection, Yi Tong-mo, director of the Public Health Bureau, Ministry of Health and Social Affairs, had this to say: "In my opinion, it is in the right direction for private organizations voluntarily to take charge of those infected with AIDS." "Inasmuch as the activities of private groups are still in the nascent stage," he added, "we will provide budgetary and other support in the future to induce civic them to step up AIDS prevention activities."

He stressed as follows: "As horrible a disease AIDS may be, it can be prevented if the contaminated blood and semen are shut off. That is why people do not have to get scared of it

if they have a wholesome sexual life, and change in perception is urgently needed in order to treat AIDS-infected people just like those afflicted with ordinary diseases."

According to a recent WHO announcement, the number of AIDS patients throughout the world has increased by 60 percent in the past 1 year from 2.5 million to 4 million, and the HIV carriers total 17 million.

In particular, the number of AIDS cases tends to increase sharply in Thailand and other Asian countries. As if reflecting this tendency, the 10th international AIDS conference has been in session in Yokohama, Japan, since 7 August under the main theme "AIDS and Asia, AIDS and Women."

It is noted that in our country also it is urgent to pool the efforts of the government, medical organizations, and other private groups as quickly as possible in order to combat AIDS.

#### **Nine Additional Patients Infected With HIV**

SK0309023494 Seoul THE KOREA TIMES in English  
3 Sep 94 p 3

[FBIS Transcribed Text] Nine additional patients infected with the HIV (human immunodeficiency virus) were found last month, bringing the total to 328 across the nation, the Health-Social Affairs Ministry said yesterday.

Of the nine, two were homosexual and three acquired the infection through sexual contact with domestic citizens. The cause of the infection among the others is now under investigation, health officials said.

The total number of AIDS (acquired immunodeficiency syndrome) related patients has now reached 378, including those who have died and those who are classified as AIDS patients.

While the estimates by the government continues to remain at a level far lower than those in many foreign countries, figures put together by anti-AIDS groups put it at more than 5,000.

#### **Quarantine Office Steps Up Inspection of Flights From India**

SK2909072194 Seoul YONHAP in English  
0503 GMT 29 Sep 94

[FBIS Transcribed Text] Seoul, Sept. 29 (YONHAP)—The Seoul National Quarantine Station is intensifying checks on all air passengers and cargo arriving from India, where pneumonic plague is reportedly running rampant.

The quarantine office at Kimpo International Airport on Thursday asked Korean and Swiss Airlines to conduct special examinations of all passengers and cargo originating from Bombay, India. The Korean and Swiss carriers operate flights that stop over in Bombay once and thrice per week, respectively.

Meanwhile, the Health-Social Affairs Ministry has started taking emergency steps to prevent the spread of the disease amid reports that pneumonic plague has also been detected in China as well as India.

On Thursday, the ministry instructed all quarantine offices at the country's air and sea ports to check their passenger lists to determine recent arrivals in South Korea from China and India.

The ministry also decided to immediately isolate any infected persons and their families in case the highly contagious plague is detected.

A ministry official warned that the virulent disease can kill an infected person unless treatment is provided within 15 hours, advising that people who have traveled recently in India's Surat and China's Sichuan Provinces should be treated immediately if they show symptoms of pneumonic plague—high fever, respiratory pain, coughing and spitting up blood.

In a related development, Korean Air is considering operating its flights without stopping briefly in Indian cities on the Seoul-Madrid and Seoul-Frankfurt routes.

The carrier also plans to skip the stopover in Delhi on a cargo route flying to Seoul from Frankfurt Thursday afternoon.

Moreover, it will operate a passenger flight between Seoul and Madrid without stopping at Bombay that is to depart Seoul on Oct. 3.

#### **Government Preparing Measures To Prevent Spread of Cholera**

SK0110080994 Seoul YONHAP in English  
0237 GMT 1 Oct 94

[FBIS Transcribed Text] Seoul, Oct. 1 (YONHAP)—The nation's health authorities are working on measures to prevent the spread of cholera, the highly contagious disease said to be rampant in North Korea.

The Health and Social Affairs Ministry plans to instruct quarantine offices to reinforce inspections of food, particularly fish and shellfish, brought into the country from North Korea.

Preventive steps being studied by the ministry also include advising citizens to refrain from eating fish and shellfish caught along the east and west coasts near the northern border, and strengthening airport medical checks of people traveling to and from Southeast Asia.

Ministry officials said Saturday [1 October] it was highly unlikely that cholera would spread in South Korea in view of its high hygienic, medical and preventive medicine standards. However, they stressed that precautionary steps must be taken against the worst-case scenario.

In the event cholera rages further in the North, the ministry may consider providing North Korea with medical supplies from a humanitarian standpoint.

A ministry official, reminding of South Korea's supply of medical goods to Rwanda, indicated that the government might offer to provide North Korea with medicine to treat cholera. However, the North should first acknowledge the presence of the infectious disease and reveal how widespread it has become, he said.

### **LAOS**

#### **Outbreak of Epidemics Kills 10 in Houa Phan Province**

BK0709162194 Vientiane KPL in English  
1035 GMT 7 Sep 94

[Text] Vientiane, September 6 [dateline as received] (KPL)—In July and August, Samtai and Houa Meuang districts of the northern Province of Houa Phan were still affected by diarrhoea, measles, and malaria.

The epidemics have killed 10 persons and infected 429 cases. The most serious scenes are at Keuam village of Samtai and Phiang village of Houa Meuang district.

In this connection, the provincial public health service has dispatched its medical personnel and medicines worth one million kip to the areas. Their efforts have calmed down the spread and cured 80 of the affected people.

Meanwhile, cholera also broke out in the municipality of Sayaboury, the northern province of the same name, infecting some villagers of Gnai, Simeuang, and Nato.

The outbreak of cholera in these villages are attributed to unhygienic practices in their life, especially food consumption and preparation. The local authorities concerned have called on people engaged in food preparation and sale activities to observe hygiene rules.

#### **Outbreak of Disease Reported in Savannakhet, Khammouane**

BK0909124994 Vientiane KPL in English  
0935 GMT 9 Sep 94

[FBIS Transcribed Text] Vientiane, Sep 8 (KPL)—Since August 30, diarrhoea has attacked two villages—Sevan and Tampung Thong—Nongboua Lao area, Sonboul District, Savannakhet Province, killing five out of 26 infected.

The disease has spread to four other villages in the area of Vang Soung. The operation is hindered by the lack of medicines and the difficult road conditions despite the dispatch of medical personnel to the scenes.

Recently, Nongbok District, the central province of Khammouane, has been hit again by dengue fever, infecting 135 persons of which one has died.

Meanwhile, diarrhoea has seriously broken out at Sok Bo village, Somsa-at area, Nongbok District, infecting 27 persons.

**Diarrhea Kills Seven More People in Bokeo Province**  
*BK3009133494 Vientiane KPL in English*  
 0946 GMT 30 Sep 94

[FBIS Transcribed Text] Vientiane, 30 September (KPL)—Since September, diarrhoea, in its second outbreak in the villages of Lavang Neua, Lavang Tai, Pha-oudom District, the northern Province of Bokeo, has claimed lives of seven people aged over 15. 173 others have been infected.

The provincial and district public health services dispatched medical personnel to treat the infected people, and to launch health education campaign among local residents.

During its first outbreak between May and early July, diarrhoea killed 67 and infected 760 others.

### MALAYSIA

**Health Official Details AIDS Toll in Selangor**  
*BK0809131794 Kuala Lumpur NEW STRAITS TIMES*  
 in English 7 Sep 94 p 11

[FBIS Transcribed Text] Shah Alam, Tues. [6 September]—Eighteen of the 19 people inflicted with AIDS have died in Selangor over the past seven years, said Selangor Health Department director Dr Naranjan Singh.

He said the highest number of AIDS deaths was recorded within the first seven months of this year with six dead compared to five last year, two each in 1992, 1991 and 1990 and one in 1988.

Dr Naranjan said 10 of the AIDS victims who died were males, five females and three unknown.

He said five of the AIDS victims who died were Malays, two Chinese, three Indians, a Thai, an Indonesian, a Myanmar [Burmese] and five others whose race was unknown.

### PHILIPPINES

**AIDS Claims 88 Lives; Five New HIV Cases**  
*BK0509103494 Quezon City GMA-7 Radio-Television*  
*Arts Network in Tagalog 0930 GMT 5 Sep 94*

[FBIS Translated Text] Five more Filipinos have been found to be HIV positive, three of whom are confirmed to have AIDS. According to a report from the Department of Health, two more AIDS victims have died. Eight-eight Filipinos have died of AIDS, while the number of persons with the HIV virus has reached 536. Four of the five new HIV positive cases are male and the other one is a female; their ages range from 27 to 37. They admitted to contracting the virus through sexual intercourse.

**Metro Manila Registers Decline in Number of Cholera Cases**  
*BK0809095194 Quezon City MALAYA in English*  
 6 Sep 94 p 2

[Report by Marisa Mauricio]

[FBIS Transcribed Excerpt] [passage omitted] The Field Epidemiology Training Center reported a decline in cholera

incidence in Metro Manila from 265 suspected cases and 22 confirmed cases from 19 to 25 August to 197 suspected cases and 20 confirmed ones in the succeeding week.

**Eighty-Seven New Cholera Cases Reported in Eight Areas**

*BK1209104994 Quezon City GMA-7 Radio-Television*  
*Arts Network in Tagalog 0930 GMT 12 Sep 94*

[FBIS Translated Text] Eighty-seven new cholera cases have been reported in eight areas of the country, two of which have resulted in deaths. However, the Department of Health said the number of cholera cases has gradually dropped. The number of cases reported last June reached 350. The latest cholera cases come from San Lazaro Hospital, Baguio City, La Union, Batangas, Cavite, Aurora, Zamboanga, and Cotabato City. The two who died were from Zamboanga and Cotabato City. Everyone is still urged to be careful in drinking unsafe water and eating raw foods.

**Cholera Claims Five Lives in Abra; Death Toll Hits 202**

*BK1909123894 Quezon City GMA-7 Radio-Television*  
*Arts Network in Tagalog 0930 GMT 19 Sep 94*

[FBIS Translated Text] Five persons have died of cholera in Abra out of the 13 cases reported from 9 to 15 September. However, according to Health Secretary Juan Flavio, the number of cholera cases has declined. Those who died were from Tubo, Abra. The death toll from cholera has now reached 202.

**Health Authorities Worried by New TB Strain**  
*BK2709015594 Manila THE MANILA CHRONICLE*  
 in English 23 Sep 94 p 3

[FBIS Transcribed Text] Health Secretary Juan Flavio yesterday said he was alarmed by reports of the first documented case of a strain of tuberculosis [TB] that does not respond to locally available anti-TB drugs.

The Department of Health (DOH) reported that pulmonary tuberculosis remained as the fourth leading cause of deaths in the country in 1992 and 1993, comprising 6 percent of all deaths.

The Department of Health said that 1 percent of Filipinos 15 years and older contracted TB during the same period.

Calling the case as very serious, Flavio said he would order the immediate review of the department's TB control and prevention program.

While only one case has been so far documented, he said health authorities were worried that there could be more unreported cases.

"This also means," Flavio said, "we have to look for new types of medicines which are mostly not available in the country and are very expensive."

The department's single biggest medicine purchase is for anti-TB drugs, he added.



The first non-responsive tuberculosis patient was confined for over a year at the DOH's Research Institute for Tropical Medicine (RITH) [as published] in Alabang.

Dr. Xerxes Navarro, RITH medical department chief, said the patient, a 36 year-old employee of the institute, was diagnosed to be suffering from TB in 1988 after two years of persistent cough.

Navarro said the patient admitted his practice of not regularly taking his drugs and unprescribed medicines whenever he had cough.

During the patient's confinement, Dr. Navarro said that he was not responding to regular TB drugs and had to import more potent TB drugs and antibiotics from Italy.

But the patient did not also respond to these medicines, Dr. Navarro said.

The patient's mother and a brother also died of TB, he added.

Upon learning his condition, the patient refused surgical intervention and opted to be discharged and to go home to the province. RITH [Research Institute for Tropical Medicine] doctors said failure to take anti-TB drugs regularly caused the patient to develop resistance to drugs.

## SINGAPORE

### Plague Forces Government To Ban Indian Workers

BK3009133394 Singapore Singapore Broadcasting Corporation in English 1100 GMT 30 Sep 94

[FBIS Transcribed Text] Singapore will not allow Indian workers for entering the country from today because of the plague in India. This will continue until further notice. The head of plague task force said recently that the move was necessary as it was difficult to tell which part of India these workers were coming from.

At a news conference, Dr. Chen Ai Choo also said the screening of travelers would be extended to all flights originating from India. The Environment Ministry will also step up checks for rats on all Indian vessels and planes coming to Singapore.

The Communicable Disease Center said four Singaporeans who have just returned to country from India have gone to the center for checks but they do not have the plague.

### Three-fold Increase in Dengue Fever Cases Noted

BK1209121794 Singapore Singapore Broadcasting Corporation in English 1100 GMT 12 Sep 94

[FBIS Transcribed Text] Last month the number of dengue fever cases increased more than three times and 165 reported cases compared to 49 in the previous month. The Environment Ministry says intermittent rains in recent

weeks have created more breeding grounds for the Aedes mosquitoes. The eastern and northeastern parts of the island remain the high-prone areas.

## THAILAND

### Health Official Views AIDS 'Crisis' in North

BK2409130794 Bangkok THE NATION in English 24 Sep 94 p A2

[Report by Mukdawan Sakbun]

[FBIS Transcribed Text] Chiang Mai—The Aids crisis in the six upper northern provinces has been more devastating than a natural disaster, Deputy Public Health Minister Udomsin Sisaengnam said yesterday.

The deputy minister said one patient dies every day in Chiang Mai from the disease, but the general public was still unaware of these shocking statistics, because the matter has not been widely publicized.

Addressing a meeting organized by the Prime Minister's Office in cooperation with Ministry of Public Health, Udomsin said that although the number of Aids patients dying at any one given time is not as high as those who fall victim to a natural disaster, the Aids crisis will take longer to solve.

"The Aids pandemic in Thailand cannot be solved in just two weeks or a month like a natural disaster. Even within the next 15 or 20 years, the Aids problem will not be solved," the deputy minister said.

He said the main problem lay with people's sexual behaviour. Udomsin said it has been found that people's understanding of the disease is as high as 10 per cent, but people have still failed to tone down their promiscuousness.

He said there are more than 5,400 patients in the six northern provinces of Chiang Rai, Chiang Mai, Lamphun, Lampang, Phayao, and Mae Hong Son. Eighty per cent of those patients were infected through sexual intercourse. Seven per cent of the patients are children.

According to statistics up to Aug 31, there were 11,173 Aids patients in the country and an estimated 600,000 people who have contracted HIV (Human Immuno-deficiency Virus), the virus which causes Aids, Udomsin said.

The deputy minister told the meeting that in the upper northern provinces many children have been left as orphans. He also mentioned that an "Aids Widow Club" had been set up in Chiang Mai's Doi Sa Ket district where many men have died of Aids.

Udomsin called for more cooperation between NGOs [non-governmental organizations], local communities and local leaders to help the government solve the Aids problem, to raise public consciousness about the problem and give moral support to those who are afflicted by the disease.

## VIETNAM

**Binh Thuan Province Discovers Two HIV Cases***BK2209035394 Hanoi Voice of Vietnam Network  
in Vietnamese 1100 GMT 19 Sep 94*

[FBIS Translated Text] Binh Thuan Province has just discovered its first two cases of HIV infection: a person who went to a hospital to sell blood and a drug user. The province has spent 500 million dong for AIDS prevention work, including the purchasing of modern equipment to detect HIV infection.

**Twelve HIV Cases Reported in Haiphong, Binh Dinh***BK2909101594 Hanoi Voice of Vietnam Network  
in Vietnamese 0500 GMT 29 Sep 94*

[FBIS Translated Text] As of 27 September, 12 additional HIV cases have been detected in Vietnam: one in Haiphong Municipality who also has venereal disease and 11 in Binh Dinh Province, among whom are five drug addicts and two tuberculosis patients.

To date, Vietnam has 1,803 HIV cases and 129 full-blown AIDS patients, with 48 persons having died of this deadly disease.

**British Cooperation Helps To Reduce Malaria Mortality Rate***BK2509150094 Hanoi VNA in English  
1442 GMT 25 Sep 94*

[FBIS Transcribed Text] Hanoi VNA September 25—The Malaria Clinical Research Department under the Tropical Diseases Centre of Ho Chi Minh City has over the (past years hospitalised patients of) acute malaria, bringing the mortality rates down to 13.3 per cent from more than 30 per cent.

Malaria research is part of a project of medical cooperation between the centre and Oxford University and Wellcome Trust of Great Britain which included researches on other killers common in tropical regions.

The project was initiated in mid-1991 with the construction of the above-said department capable of accommodating eight patients at a time together with a laboratory at a cost of 10,000 USD [U.S. dollars].

The centre first signed with its British partners an MOU [memorandum of understanding] for a period of one year. With technical assistance from Oxford University, especially Dr. N.J. White, director of the Regional Malaria Programme, the centre has effectively helped to reduce the malaria mortality rate among its patients. The result prompted the centre to extend the project's term by another five years. In-depth researches, both clinical and paraclinical on malignant malaria, including hemodynamics, related to malignant malaria, blood purifying and purifying peritoneum serum in the fight against malignant malaria have been included in the new contents of cooperation.

A research centre has been built, housing a hemodynamics laboratory, a clinic, a malaria parasite laboratory, and other facilities.

According to Dr. Nguyen Hoan Phu, deputy head of the department, apart from malaria research and treatment, the project has created conditions for the centre personnel to familiarise themselves with advanced medical technology and keep them in touch with the latest information on the anti-malaria programme in the world.

**Malaria Mortality Down 44 Percent; Cases Down 23 Percent***BK2909160694 Hanoi VNA in English  
1505 GMT 29 Sep 94*

[FBIS Transcribed Text] Hanoi VNA September 29—Malaria mortality and incidence rates throughout the country had fallen 44 per cent and 23 per cent, respectively, by August, compared with the same period last year, sources from the National Anti-Malaria Programme said.

Particularly in the provinces of Tuyen Quang, Hoa Binh, Thanh Hoa, Nghe An, Ha Tinh, Binh Thuan, Kon Tum, Dong Nai and Long An, the number of malaria sufferers and deaths have dropped remarkably. Up to now, 12 provinces in the country are free from this disease, an increase of four provinces compared with 1993's figure.

Of the 60 (billion) dong the state allocated for the programme in 1994, 19.5 billion was spent on medicine (about half of this locally-produced) artemisinin.

Recently, the prime minister made a decision to disburse in advance 8.5 billion dong from the 1995 state budget to purchase artemisia stocks from local growers.

**'Dramatic Drop' in Cases of Poliomyelitis Reported***BK0609151494 Hanoi VNA in English  
1420 GMT 6 Sep 94*

[FBIS Transcribed Text] Hanoi VNA Sept. 6—In the first half of this year, the number of poliomyelitis cases reported made a dramatic drop from 122 to 9 cases as compared with the same period last year.

In case of measles no similar progress has been recorded. Over this period, fatal cases increased, especially in mountainous areas where measles broke out in epidemic proportions.

In Haiphong City the Ministry of Health recently held a conference to review the performance of the expanded, immunization programme in the first half of this year, and set targets for the remaining months of this year.

Under the plan, national immunization days (NIDs) against poliomyelitis and tetanus for children under-one will be organized in two phases, the first on November 12-14, and the second on December 17-19. The total budget for this year's NIDs is expected to total 56 million dong.

The 1994 programme calls for the vaccination of 100 per cent of children under-five against polio and 80 per cent of pregnant women against tetanus for their babies.

From 1993 to 1995, NIDs against poliomyelitis and tetanus for children less than one are taking place throughout the whole of Vietnam, with the goal to eradicate these two diseases by 1995.

**Iodized Salt To Be Used Nationwide From 1995**

*BK0909070994 Hanoi VNA in English  
0631 GMT 9 Sep 94*

[FBIS Transcribed Text] Hanoi VNA September 9—A decision to encourage the use of iodized salt nationwide starting next year has just been signed by Prime Minister [PM] Vo Van Kiet, Deputy PM Nguyen Khanh announced in the national conference on universalization of iodized salt held here yesterday.

The decision was made following a recommendation submitted to the government by the Goitre National Committee and Unicef after they conducted surveys on this issue with the endocrinology hospital. Results showed that 94 per cent of the population suffered from iodine deficiency. The average ratio of goitre sufferers is 34.2 per cent in the

mountainous provinces. The state increased investment to 34 billion dong (USD 3.1 million) to produce and supply iodized salt this year, up from 27 billion last year and 17 billion dong in 1992.

In addition, the anti-goitre activities in the country have received assistance from international organizations notably Unicef, Cemubac (expansion unknown), a non-governmental organization from Belgium, and Aidab [Australian International Development Assistance Bureau], Australia.

The anti-goitre work has resulted in impressive gains. The goitre sufferers rate fell 2-4 per cent annually. Goitre was reduced by 14 per cent in Cam Van and Cam Thuy communes, Thanh Hoa Province, after 7 years of using iodized salt.

For next year iodized salt per capita will be six kilograms in mountain and central highland areas, and four kilograms each in other areas. Next year, Vietnam is estimated to need 324,000 tonnes of iodized salt nationwide.

**ALBANIA****'Strict' Measures To Stop Cholera Outbreak**

*AU1309204194 Tirana TVSH Television Network  
in Albanian 1800 GMT 13 Sep 94*

[Communique by the Albanian Health Ministry]

[FBIS Translated Text] The Health Ministry announces that since 9 September 1994, the Kucove district has reported cases of frequent diarrhea and the sudden deaths of two citizens from this cause. On that day, epidemiological and bacteriological experts were sent there to clarify the situation. They found that they were connected with the onset of an epidemic and counter measures were immediately taken. The care for the sick was stepped up. In the meantime, laboratories started working to discover the cause.

On 10 September, the Hygiene and Epidemiology Institute laboratory and later the Main Military Hospital presented their first doubts about the presence of cholera bacteria in the infected area. On the same day, complying with regulations, the WHO was notified about this. Before announcing it, the WHO demanded that the findings be verified by its specialists.

These specialists arrived in Albania on 12 September 1994 to observe the examination method and take laboratory samples with them.

Meanwhile, since 10 September and without waiting for verification, the Health Ministry took the strictest measures to isolate the epidemic. The sick were admitted to the Kucove and Berat hospitals, and a small number to the Main Military Hospital. Doctors from these districts, top specialists from the Tirana University Medical Center, and the entire staff of the Hygiene and Epidemiology Institute are working continuously in the infected area. So far, all those affected have been from the Kucove district.

On 10 September, the government appointed a group of ministers to deal with the situation. On 12 September, the Council of Ministers analyzed the situation and allocated duties for ministries. Hospitals were provided with all the necessary means for the treatment of the sick and contact patients. Measures were also taken to increase the chlorination of aqueducts throughout the country.

Owing to these measures, the death toll has been very low. Apart from the two cases mentioned, there were two other deaths of a four-year-old and an 83-year-old. Of these cases, only one has been confirmed by the laboratory as cholera; the others resulted in very sudden death and no samples were taken.

Meanwhile, the WHO has announced that this epidemiological situation is a problem in other European countries as well. Cases have been reported in Russia, Moldova, Romania, etc., as well as in Asia, Africa, and Latin America. Isolated cases have been observed in Denmark, Germany, and France. And there are countries that have not declared their cases.

The Health Ministry reports that laboratory tests have confirmation has been completed for 27 out of the 190 cases that were examined. The ministry takes this opportunity to inform the people of Kucove and neighboring areas that the preventative measures needed to avoid the disease are simple and effective. Their implementation according to the instructions issued is the surest guarantee of preventing the disease.

By means of the specialists who will be sent there, the Health Ministry will provide the necessary assistance to prevent and treat the disease. The ministry stresses that the majority of confirmed cholera cases are reported to be in a good condition and expect to be discharged from the hospital after several successive tests prove negative, the press communique of the Ministry of Health and Environmental Protection concludes.

**Health Minister Confirms Cholera Situation 'Well Handled'**

*AU1709200394 Tirana TVSH Television Network  
in Albanian 1800 GMT 16 Sep 94*

[FBIS Editorial Report] Tirana TVSh Television Network in Albanian at 1800 GMT on 16 September carries within its regular 30-minute newscast several reports on the cholera situation in the country, as well as measures being taken by the Ministry of Health and Environmental Protection to handle the situation.

The announcer introduces a report by correspondent Armir Shkurti, who states that "the Ministry of Health and Environmental Protection confirms that fully recovered patients are being discharged from the Kucove and Berat hospitals, while patients with diarrhea are being admitted into other district hospitals."

Shkurti then interviews the health minister's adviser, who confirms that "not all of those hospitalized are suffering from cholera. They are being hospitalized in order to be examined immediately and undergo several tests."

Concerning the spread of cholera in the country, the health minister's adviser clarifies that "the course of the cholera epidemic is generally positive. Only 15 cases were hospitalized in Berat District yesterday. Including Kucove, the number of cholera cases now totals 207."

Regarding the cholera outbreak in other districts, the adviser notes that "there are cases of cholera in other districts as well, such as in Korce, where six cases have been observed. These cases also note signs of diarrhea, which were common even before. There are no lab results to confirm cholera." Responding to a question by correspondent Shkurti on the number of cholera cases in Librazhd, the adviser answers that "the figures have remained the same in Librazhd. There are 31 cases with gastrointestinal disorders and four with cholera."

Shkurti then notes that "the capital's drugstores have been supplied with the necessary antibiotics to fight the epidemic." The camera shows a drugstore in the capital and several people waiting in line to buy medicine. A pharmacist



confirms that "with the medicines we are currently carrying, particularly tetracycline, we are able to face this situation. We have not received any extra supplies as of yet."

Correspondent Shkurti then describes the measures taken by bar owners to ensure maximum hygiene. The camera shows the interior of a bar in Tirana to illustrate the implementation of these measures. Shkurti goes on to note that "the Health Ministry is requiring a greater commitment by local government bodies to confront the situation."

Another TV correspondent Ardian Murraj continues to report on the cholera epidemic through interviews with Health Minister Maksim Cikuli and WHO Coordinator Maria Neira. Murraj states that "the Health Ministry this evening discussed the situation with WHO specialists and epidemiologists." Health Minister Cikuli confirms that "from a medical point of view, the situation has been well handled.... Anti-epidemic measures, such as daily hygiene, aqueducts, sewage, collecting of waste, the distribution of hypochlorite in garbage bins, etc., has always been a problem. You know that the ministry's communique issued yesterday reported on a small center of cholera in Librazhd. There we found that, among those hospitalized, there were three people who had just returned from Greece. One of them had returned on Saturday, and on Monday he was hospitalized in serious condition. He is now out of danger, but his test confirmed the presence of cholera bacteria."

WHO specialist Maria Neira states that "we are satisfied with the way the Albanian Government has reacted to the situation. All the measures taken to prevent the distribution and intensification of cholera are really splendid. We will assist you. The situation should not be dramatized in panic. Personal hygiene is enough to protect oneself from cholera, as this disease is not a problem to treat anymore. Regarding the measures taken, I hope that this dilemma will soon be eliminated."

Murraj goes on to say that "the Health Ministry has appealed to all those who have recently returned from Greece to report to a medical facility in their district in order to take necessary measures and receive advice."

The television then carries some reports on measures being taken by the Tirana prefecture and municipality to avoid this epidemic. The importance of properly chlorinating drinking water is stressed. The Hygiene Institute is carrying out tests on drinking water three times a day.

#### **New Cholera Wave Hits Tirana; Situation 'Tense' in Librazhd**

AU2609100694 Tirana GAZETA SHQIPTARE  
in Albanian 21 Sep 94 p 1

[Armand Mero report: "Cholera Persisting in Tirana"]

[FBIS Translated Text] Tirana has been swept by another wave of cholera. Added to the increasing number of suspected cases, who are immediately sent to the Tirana Hospital for Infectious Diseases, there are a number of new, confirmed cases. Last Monday [19 September] morning,

laboratory analyses in the Institute of Hygiene and Epidemiology identified cholera bacteria in another eight persons. "Out of these, six are from villages around Tirana—Babru, Paskuqan, and Yrshek," the hospital chief told GAZETA SHQIPTARE, "while the other two come from the capital's first and ninth districts." All of them are in wards on the second and third floor of the hospital that are taking in suspected cholera victims. The irregular geographical spread of the disease, specialists believe, points to the source of the disease as possibly being food.

Protective measures are under way in the capital. The Directorate of Hygiene, in conjunction with the forces of law and order, is carrying out sanitary inspections of every trading establishment in Tirana. By last Monday, the number of shops closed because they did not comply with the hygiene and sanitation regulations—having no running hot or cold water—was over 30. Meanwhile, also last Monday, Prime Minister Meksi ordered a special commission to be set up to oversee the strict implementation of measures to eliminate the epidemic. Tough disciplinary measures, including legal prosecution, will be taken against those guilty of dereliction of duty and negligence. Together with this, however, vigilance on the part of the population is indispensable.

Korca did not escape from the disease either, and again on Monday, laboratory analyses confirmed a case of cholera in this town. This was a woman of around 30, who from the first analyses turned out to have become infected in Kucova, where she was visiting. Now the sick woman—together with another 10 suspected sick persons—is isolated in a high security ward of the town's hospital that was specially set up to deal with possible cholera cases from Devoll, Kolonje, and Pogradec.

The situation is calmer in Kucova and Berat, where patients who have recovered are continuing to leave the hospital—25 altogether—while only 10 new cases have been admitted, among whom is a severely sick girl. The situation is somewhat tense in Librazhd, where the number of people hospitalized seems to have grown. On Monday evening a group of infectious diseases specialists left Tirana for Librazhd to help local doctors keep the situation under control.

#### **Cholera Figures Cited; Anti-Epidemic Measures Implemented**

AU2309075894 Tirana Radio Tirana Network  
in Albanian 1330 GMT 22 Sep 94

[FBIS Translated Text] A specialist for the district Public Health Directorate confirmed that the 28 patients in Librazhd hospital, believed to have been infected with cholera, were reported in good health.

Meanwhile, 43 others have also been admitted to this hospital suffering from chronic diarrhea, three of whom are not in good condition. The medical team, which includes an Italian doctor, is intensively treating these patients.

The implementation of anti-epidemic measures continues in this district. Drinking water is chlorinated twice a day;



some 12 bars that did not meet the hygiene-sanitary conditions were closed down; and the sale of meat and other food products on the free market was prohibited.

**Anthrax Cases in Tepelene, Gjirokaster**  
94P21149A Tirana RILINDJA DEMOKRATIKE  
in Albanian 20 Aug 94 p 1

[Article by Dylejman Karaj: "Eighteen Cases Are Not a Small Number"]

[FBIS Translated Excerpt] [Passage omitted] Klement Dymi, head of the epidemiology section of the Ministry of Health, told RILINDJA DEMOKRATIKE that the campaign against anthrax is one of the most important tasks of veterinary medicine. The isolation of infected animals, the vaccination of herds, and the implementation of measures for burying and disinfecting carcasses are essential. At the present time, it is difficult to carry out these measures in rural areas because of changes in the types of veterinary services and because of new ways of financing, such as payments from private farmers. Difficulties also arise in the application of new laws in this field, because this is the beginning of a new manner of organization. This is an open issue and the procedures for operating in this area have not yet been set by the farmers and the veterinary medicine specialists.

A number of specialists in the districts have made concrete proposals, such as vaccinating livestock free of charge for a specified period, until private farmers are able to pay for this service. In certain zones that present a special danger, the government will provide permanent funding for veterinary medicine services.

Klement Dymi confirmed the report that several people had been infected with anthrax. These cases have been confined to two districts in the southern part of the country, Tepelene and Gjirokaster. So far, 12 people have been infected with anthrax in 1994 and one of these people has died from the disease. In 1993, there were only three cases. The villages of Nivice, Sinanaj, Salari, and Buz, in Tepelene District, have been most affected by the disease.

During the same period of 1994, six cases of anthrax have been identified in Gjirokaster District, while there were only seven cases in the entire year of 1993. The most affected areas have been Picari, Libohova, Lazarati, Kardhiqi, and Terbuqi, where livestock infected with the disease have been buried. Klement Dymi points out that there have been no serious complications and no human deaths in these zones.

Investigations have shown that, in the villages as well as in the cities, there have been cases of consumption of meat without veterinary certification, which presents a serious danger for the health of humans. The inspection agencies should increase their vigilance and take more severe measures against those who slaughter or sell meat without veterinary certification.

## ROMANIA

### Cholera Case Confirmed, Others 'Suspected' in Mures County

AU2609133794 Bucharest ROMANIA LIBERA  
in Romanian 23 Sep 94 p 9

[Report by M. Goleanu: "Cholera Case Confirmed"]

[FBIS Translated Text] The village of Litrasau, belonging to the Ungheni Commune in Mures County, has become a hotbed for an acute diarrhea disease, of which 17 cases have been reported. One case has been confirmed as cholera, while three more are suspected. The medical authorities have carried out an epidemiological inquiry and have also taken specific antiepidemic measures. At certain companies they have also collected six suspect samples. On the orders of the Health Ministry, Bucharest Hygiene and Public Health Institute experts are in the source area of the disease.

### New Cases Indicate Cholera Spreading

AU0310213394 Bucharest EVENIMENTUL ZILEI  
in Romanian 29 Sep 94 p 3

[Report by Cora Munteanu and Eugenia Mircescu: "Cholera Is Spreading"]

[FBIS Translated Text] After the cholera cases discovered in Constanta and Targu Mures, yesterday, 28 September, there were new cases appearing in other Romanian counties. The most tragic situation is at the Neuro-Psychiatric Children's Home in Galati. Out of 19 children who have already been affected by a diarrhea illness, 12 have been hospitalized and one has died. Although it has not yet been confirmed, experts suspect that these are cholera cases. In the same children's home, another 45 children, who had contact with the sick ones, have been undergoing various tests.

Yesterday, a case of cholera was confirmed in Tirgoviste. In Sibiu, of 30 people who have recently been abroad, one is hospitalized because he is suffering from a diarrhea illness. Another suspected cholera case has been registered in Braila.

### Endocrinologists Note 'Alarming' Spread of Endemic Goiter

AU1009124994 Bucharest ROMANIA LIBERA  
in Romanian 3 Sep 94

[Mihai Popescu article: "We Are Being Threatened by Goiter"]

[FBIS Translated Text] Before, but even shortly after the 1989 December events, pills of potassium iodine were being distributed to children in schools and kindergartens in order to prevent endemic goiter. As is known, our country is located in a geographical area where the population is affected by a lack of iodine in the soil. Recent statistical data show that there are entire villages full of "goiter cretins" in the northern part of Romania (Bukovina and Maramures). Without giving it a pejorative meaning, the term "cretin" characterizes a sick person who suffers of endemic goiter,

has a low IQ and slow reflexes, and an appearance that has a negative effect on the social integration of the respective person.

It is very sad that each year a larger number of children fall prey to this disease when the chances of curing it are so very slim. Endocrinologists suspect that there is a connection between endemic goiter and endocrine cancer. Here is the conclusion reached by a famous endocrinology expert at the C.I. Parhon Institute (who preferred to remain anonymous): "The fact that this problem has been neglected is very alarming. The "goiter" zones are advancing rapidly toward the flat zones of the country and have started affecting people's lives in the Baragan area [Danube plain]. Meanwhile, several thousands boxes of potassium iodine pills are becoming outdated in storage facilities."

This indifference leads to mass deterioration. And this is happening in Romania, a country where famous endocrinologists contributed to the discovery and eradication of endemic goiter.

## YUGOSLAVIA

### Ministry Denies Cholera

LD1909152894 Belgrade TANJUG in English  
1336 GMT 19 Sep 94

[FBIS Transcribed Text] Belgrade, Sept. 19 (TANJUG)—Not a single case of cholera was registered in Yugoslavia nor were there suspicions that somebody has contracted it, Serbian Deputy Health Minister and republican Institute for Health Protection Director Pavle Todorovic said on Monday.

At a session of Serbian legislature's health committee, Todorovic said every sanitary control measure had been

taken. The measures may be intensified if necessary, so that cholera registered in neighbouring Albania and appearing also in Romania and Turkey, would not be transmitted to Yugoslavia.

The Yugoslav Health Ministry has ordered intensified control at border crossings, especially referring to food, control of drinking water and control of waste materials and water, Todorovic specified.

### Official Blames Tuberculosis Deaths Increase on Refugees

LD0909193794 Belgrade TANJUG in English  
1800 GMT 9 Sep 94

[FBIS Transcribed Text] Belgrade, Sept. 9 (TANJUG)—Deaths from Tuberculosis [TB] have increased from an annual 1.4 percent in 1991 to four percent in 1993, a Serbian Lung Diseases Institute official said Friday.

Institute Deputy Director Nebojsa Janovski was speaking at a press conference organized by the Yugoslav Red Cross on the occasion of "fight Tuberculosis week" which is being marked from September 14-21.

Janovski said that the increased TB death rate was not caused by the lower living standard, but by the influx of refugees from Bosnia-Herzegovina into Yugoslavia over the past three years.

The refugees entered the country without undergoing any medical tests, he said.

He said about 300-400 people infected with Tuberculosis were registered mostly in refugee camps.

However, Janovski said the situation was not alarming. He said that although the lack of medical equipment was worrying, there was enough medicine, mostly obtained through international Red Cross organizations.

## REGIONAL AFFAIRS

**Military Opens Border to Haitians; Health Program in Place***PA2309220994 Mexico City NOTIMEX in Spanish 1749 GMT 23 Sep 94*

[FBIS Translated Excerpts] Santo Domingo, 23 Sep (NOTIMEX)—Dominican military authorities patrolling the border with Haiti have begun allowing Haitians to enter the Dominican Republic to purchase food, although the Haitians must return to their places of origin on the same day. [passage omitted]

The authorities also announced the implementation of a costly health program to keep possible Haitian visitors or migrants from introducing diseases into the Dominican population. [passage omitted]

Meanwhile, Dominican Health Minister Victor Garcia announced that the health program along the border will require an investment of \$700,000, which will be provided by the European Union via the WHO. The main diseases the program is seeking to prevent from spreading are AIDS and malaria, which Haitian migrants could introduce into the Dominican Republic. [passage omitted]

**Central American Health Report Through 26 August**  
*PA2708194694*

[FBIS Editorial Report] The following is a compilation of reports on Central American public health and epidemiological developments monitored through 26 August.

**Honduras**

Cholera—Carlos Alfonso Bennaton, director of Health Region No. 3, has announced that 18 new cholera cases have been detected in San Nicolas, Santa Barbara Department. He also announced that a health center has been set up in San Nicolas to lodge the patients, who are reportedly in critical condition. A total of 186 patients have received medical care in the region since January. (Tegucigalpa EL PERIODICO DE HONDURAS in Spanish 24 Aug 94 p 13)

**Nicaragua**

Leishmaniasis—Health Ministry officials reported on 22 August an outbreak of mountain leprosy, or leishmaniasis, which mainly affects people in the rural communities of San Carlos along the Costa Rican border. The Health Ministry has dispatched medical brigades to the area. A total of 665 cases of leishmaniasis were reported in 1983. (Managua Radio Nicaragua Network in Spanish 1200 GMT 23 Aug 94)

AIDS/STD's—The Health Ministry is working hard to put together working committees from different social sectors to launch a campaign against AIDS and other sexually transmitted diseases. The goal is to lower the number of AIDS cases. The Health Ministry reports 54 patients have died to date, adding that 150 AIDS cases have been reported throughout the country in recent months. (Managua Radio Nicaragua Network in Spanish 1200 GMT 26 Aug 94)

**Panama**

Malaria—Manuel Vasquez, director of the National Services for the Eradication of Malaria, yesterday reported that 57 new malaria cases have been diagnosed in Bocas del Toro Province, increasing to 357 the number of malaria patients registered this year. The official revealed that cases were mainly diagnosed in the areas of Changuinola, Almirante, and Guabito, adding that no one has died from the outbreak because it is a benign type of malaria. (Panama City EL PANAMA AMERICA in Spanish 20 Aug 94 p A-3)

**Central American Health Report Through 2 September**  
*PA0309031194*

[Editorial Report] The following is a compilation of reports on Central American public health and epidemiological developments monitored through 2 September.

**Honduras**

Cholera—Two persons died of severe dehydration caused by cholera on 29 August in Potrerillos, San Marcos, Santa Barbara. (Tegucigalpa LA TRIBUNA in Spanish 30 Aug 94 p 8)

**Mexico**

Strange virus/meningitis—Ciudad Victoria, Mexico, 27 Aug—A health official today reported that the appearance of a strange virus in the Bravo River, along the U.S. border, has prompted Mexico to decree a health alert in the northern State of Tamaulipas. Area residents were advised to neither bathe in nor drink water from that river, as it is contaminated with fecal matter. A boy died of meningitis provoked by the so-called "free virus" in Nuevo Laredo. (Paris AFP in Spanish 1707 GMT 27 Aug 94)

**Nicaragua**

Cholera—Managua, 1 Sep—The Health Ministry today reported that the cholera epidemic so far this year has claimed the lives of 71 people out about 4,000 cases throughout the country. Cholera was detected in Nicaragua in November 1991. (Mexico City NOTIMEX in Spanish 2125 GMT 1 Sep 94)

**Panama**

Dengue—A new case of dengue has been detected in Carasquilla Neighborhood, San Francisco Corregimiento, Panama City. Dengue became news in Panama City in the past days with the discovery of two cases in Santa Librada and Monte Oscuro, both in the Special District of San Miguelito, and three cases in Rio Abajo Corregimiento. (Panama City Circuito RPC Television in Spanish 2300 GMT 26 Aug 94)

Dengue—On 26 August health authorities reported another case of dengue near the Hector Gallego Park in Panama City. (Panama City LA PRENSA in Spanish 27 Aug 94 p 4A)

Cholera—The Health Ministry has reported that the authorities decreed a full alert in Panama City due to a cholera outbreak that has stricken at least six people in the past few days. (Panama City LA PRENSA in Spanish 30 Aug 94 p 5)



**Central American Health Report Through 23 September  
PA2409135194**

[FBIS Editorial Report] The following is a compilation of reports on Central American public health and epidemiological developments monitored through 23 September.

**Guatemala**

**Cholera**—According to an 18 September item datelined Guatemala City, Health Ministry records show that at least four Guatemalans have died from cholera, and 355 have contracted the disease in the past week. Three of the deaths were in Huehuetenango Department and one was in Escuintla. (Panama City ACAN in Spanish 1631 GMT 18 Sep 94)

**Nicaragua**

**Cholera/dengue**—An 18 September item datelined Managua states that according to government sources, the drought currently affecting the country's economy is curbing the spread of cholera and dengue. Health authorities have admitted that the incidence of these diseases decreased in July and August "because there was less rain." Between January and September, 72 people succumbed to cholera, down from 120 during the same period in 1993. As of 12 September, the Health Ministry had registered 4,030 cases of cholera, 710 of which received medical treatment. (Paris AFP in Spanish 2023 GMT 18 Sep 94)

**Dengue**—According to Dr. Francisco Acevedo, director of the Health Ministry Department of Vector-Transmitted Diseases, 4,700 cases of dengue have been registered (time span not given). Acevedo also disclosed that 275 cases of hemorrhagic dengue have been reported in Leon, Managua, and Matagalpa Departments. Thus far no deaths have been reported. (Managua Radio Nicaragua Network in Spanish 1200 GMT 23 Sep 94)

**Cholera**—The Health Ministry reported on 22 September 14 cases of cholera and one cholera-related death in Nueva Segovia and Mosonte. Four additional cases were also reported in Rio San Juan, San Miguelito. (Managua Radio Nicaragua Network in Spanish 1200 GMT 23 Sep 94)

**New disease**—Nicaraguan health officials are quite concerned about the appearance of a new disease similar to dengue. Dr. Francisco Acevedo said that "a viral disease very similar to dengue is circulating. It is a respiratory infection, a type of influenza." Acevedo added that bacterial diseases which result in fever, aches, and pharynx and tonsil problems are going around. He attributed these diseases to temperature changes and the rain. Acevedo said many more malaria cases have been reported this year than last year, especially in Managua. (Managua Sistema Nacional de Television Network in Spanish 0200 GMT 23 Sep 94)

**Panama**

**Dengue**—According to Health Minister Aida de Rivera, 50 cases of classic dengue have been reported in Panama Province. The minister described the situation as critical because of the threat of an epidemic. The disease has been

detected in Rio Abajo, San Miguelito, Pueblo Nuevo, Juan Diaz, and San Francisco. Meanwhile, government and private institutions are conducting clean-up operations to prevent *Aedes aegypti* mosquito infestations, and health authorities have reported that people found to have breeding places for the mosquito in their homes will be sentenced to community service. (Panama City EL PANAMA AMERICA in Spanish 17 Sep 94 p 3a)

**Larva tests**—The most recent larva tests show that Pedregal is the corregimiento in Panama City with the highest level of *Aedes aegyptis* mosquito infestation at 10.1 percent. It is followed by Amelia Denis de Icaza in San Miguelito with 7 percent; Tocumen, 6.7 percent; Pueblo Nuevo, 6.4 percent; Belisario Porras, 5.6 percent; Juan Diaz, 5.5 percent; Mateo Iturralde, 5.4 percent; and Parque Lefevre, 4.2 percent. These levels are dangerous because of the current dengue epidemic in Panama City. (Panama City Circuito RPC Television in Spanish 2300 GMT 19 Sep 94)

**Dengue**—Dengue is spreading in Panama. Health officials have reported 81 cases in various parts of Panama City and other provinces. The authorities are trying to coordinate actions to combat the disease, and a sanitation emergency has been decreed to allow regional authorities to take stronger action against people who are found to have *Aedes aegypti* mosquito breeding sites. (Panama City Circuito RPC Television in Spanish 2300 GMT 22 Sep 94)

**Dengue**—In addition to the dengue epidemic in Panama City, there is a malaria and whooping cough epidemic in Bocas del Toro Province, where health authorities have declared a provincial alert. Health official Manuel Pardo said the situation is very delicate because so far this year there have been over 400 cases of malaria and whooping cough, particularly within the Guaymí community, where four minors and three adults have died because that ethnic group rejects medical attention. (Panama City Circuito RPC Television in Spanish 2300 GMT 22 Sep 94)

**Central American Health Report Through 30 September  
PA0110204994**

[FBIS Editorial Report] The following is a compilation of reports on Central American public health and epidemiological developments monitored through 30 September.

**Costa Rica**

**Dengue**—According to a San Jose, 29 September, datelined item, "the dengue epidemic that has hit striking Costa Rica since last year has affected more than 15,000 persons, a Health Ministry report said in San Jose." Guanacaste and Puntarenas provinces are the most heavily infected. "Health Minister Herman Weinstock urged the people to eliminate stagnant waters, where the mosquitoes reproduce." (Mexico City NOTIMEX in Spanish 0034 GMT 30 Sep 94)

**Leptospirosis**—According to a San Jose, 30 September, datelined item, "Costa Rican health authorities declared themselves in a state of alert after several cases of leptospirosis were reported. This is a rare disease, caused by bacteria, which has killed three persons in the past few days.



The Health Ministry has reported five persons infected so far this year and the Agriculture Ministry reportedly has detected dozens of cases in its animal health laboratories." (Paris AFP in Spanish 2353 GMT 30 Sep 94)

#### Cuba

**AIDS**—An item datelined Havana on 30 September reports that "more than 30 AIDS-infected Cubans are receiving ambulatory medical care" in accordance with a new health policy. Dr. Rigoberto Torres, deputy director of the Santiago de las Vegas sanatorium, says that "patients continue to receive, free of charge, the expensive, essential medicine and follow doctors' instructions." (Hamburg DPA in Spanish 1524 GMT 30 Sep 94)

#### Honduras

**Cholera**—According to a Tegucigalpa datelined item, "Honduran health officials today reported the deaths of five people from cholera. In addition, 41 new cases have been reported in the country's central region in the past 28 days." "So far this year, the Health Ministry has reported more than 6,000 victims, 170 of whom have already died." (Mexico City NOTIMEX in Spanish 1557 GMT 28 Sep 94)

#### Nicaragua

**Cholera**—"People continue to die of cholera despite the sanitation drives carried out by the Health Ministry. One more fatality occurred today. So far this year, 75 persons have died of this disease." "The Health Ministry reported 22 cholera cases over the past weekend." According to the Health Ministry, "4157 cholera cases have been reported so far this year." (Managua Radio Sandino in Spanish 1200 GMT 27 Sep 94)

#### Panama

**Dengue**—"The common dengue epidemic, which was detected in August, has spread throughout the country." Authorities reported 108 cases in Panama City and larger infestation indices in Chiriqui, Veraguas, and Herrera provinces. (Panama City LA PRENSA in Spanish 30 Sep 94 p 3)

**Dengue**—The Metropolitan Health Region today reported a possible first case of hemorrhagic dengue in Panama. Doctor Edilberto Culiolis says "the patient is being studied to confirm or deny this." In Panama City and San Miguelito districts alone, "81 cases of common dengue have been reported." In Bocas del Toro province, "four children have died from whooping cough." (Panama City Circuito RPC Television in Spanish 2300 GMT 23 Sep 94)

#### Central American Health Report Through 7 October PA0810010794

[FBIS Editorial Report] The following is a compilation of reports on Central American public health and epidemiological developments monitored through 7 October.

#### Honduras

**Cholera**—According to a 5 October, Tegucigalpa-datelined item, the Honduran Public Health Ministry reported on 5 October that 175 people, out of 6,627 cases, have died of

cholera since this disease was detected in 1991. A health official reported 50 new cases this week, 14 people of who were infected during the burial of a person who died of cholera. (Panama City ACAN in Spanish 1700 GMT 5 Oct 94)

**Cholera**—A Public Health Ministry official has said Honduras needs approximately 600 million lempiras to tackle the cholera outbreak. He has reported 43 cases in Choluteca Department, of which 25 occurred in San Ramon, where one person died. Health authorities have reported 10 cases in Comayagua, with most of them in La Libertad. (Tegucigalpa LA TRIBUNA in Spanish 5 Oct 94 p 8)

**AIDS**—Public Health Minister Enrique Samayoa said on 6 October AIDS claims the lives of 12 people in Honduras each week. He said there are 3,000 registered cases; that is, 50 percent of the total cases in all of Central America. (San Pedro Sula TIEMPO in Spanish 7 Oct 94 p 5)

#### Nicaragua

**Cholera/dengue**—The Nicaraguan Health Ministry has reported 4,301 cases of cholera, including 77 deaths, so far this year. The Ministry has also reported 351 cases of dengue. (Managua Radio Nicaragua Network in Spanish 1200 GMT 5 Oct 94)

**Dengue**—The Health Ministry has reported a nationwide total of 5,637 cases of dengue and 350 cases of hemorrhagic dengue. There are 1,300 cases of dengue and 60 cases of hemorrhagic dengue in Managua alone. Coastal areas are the most affected. (Managua Radio Nicaragua Network in Spanish 1200 GMT 6 Oct 94)

#### Panama

**Dengue**—Fifteen new cases of dengue have been confirmed, increasing the total to 123. A report issued by the Gorgas Commemorative Laboratory dated 29 September states the metropolitan region has registered 93 cases, San Miguelito 28, Chame one, and Pacora one. (Panama City LA ESTRELLA DE PANAMA in Spanish 1 Oct 94 p B-32)

**AIDS**—A report issued by a Panamanian Health Ministry department reports 759 cases of AIDS have been registered since the first case was detected in 1984. Of this total, 438 have died, 358 men and 80 women. It added that 73.3 percent of the total consisted of individuals between 20 and 40 years of age. (Panama City EL SIGLO in Spanish 1 Oct 94 p 12)

**Whooping cough**—The Panamanian Health Ministry reported over the weekend two new cases of whooping cough and the death of a two-month old infant in Bocas del Toro Province. There have been 144 cases and eight deaths of under-five-year-olds. (Panama City EL SIGLO in Spanish 3 Oct 94 p 8)

**Whooping cough**—Health authorities have reported three cases of whooping cough in the San Blas area. This disease has already claimed the lives of seven children under the age of one in the Indian area of Bocas del Toro. Authorities are worried, because San Blas Indians are rejecting medical

treatment. (Panama City Circuito RPC Television in Spanish 2300 GMT 5 Oct 94)

**Dengue**—A Panamanian Health Ministry press bulletin has stated that 24 minors have been infected with dengue in Panama City out of a total of 131 cases registered so far. The bulletin added that 99 cases were registered in the metropolitan area, where Rio Abajo corregimiento is the most affected, with 53 cases. (Panama City LA PRENSA in Spanish 5 Oct 94 p A-4)

#### **Southern Cone Health Report Through 8 September PY1209224694**

[FBIS Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 8 September:

##### **Bolivia**

**AIDS**—Enrique Aguilera, regional director for the anti-AIDS program, has stated that at least 16 cases of AIDS have been registered during the past six months in Santa Cruz. Aguilera added that the main cause is the lack of information on the problem and the fact that Santa Cruz receives a great flow of tourists from abroad. Aguilera said that with the two recent cases, the number of AIDS victims in Santa Cruz now amounts to 84. [Santa Cruz EL MUNDO in Spanish 16 Aug 94 p 11]

##### **Paraguay**

**TB**—Floriano Calderoli, director for the Public Health Ministry Tuberculosis Prevention Program, has disclosed that there are a total of 1,800 TB cases, of which 944 new cases were registered during the first six months of the year. The Western Region is the most affected, while in the Eastern Region the largest number of cases are registered in Amambay. Calderoli explained that the program is designed to teach people how to handle foodstuffs and other hygiene measures to prevent new TB cases. (Asuncion ABC COLOR in Spanish 7 Sep 94 p 41)

##### **Peru**

**Malaria**—Maranon Mayor Felix Gambini has reported that at least 28 people died of malaria in one week in Maranon Province, and that more than 200 people have caught this disease. Gambini traveled urgently to Huaraz, Ancash Department, to ask for physicians, nurses, and medicines for the victims of this disease that has affected more than 20 villages in this province. (Madrid EFE in Spanish 2340 GMT 7 Sep 94)

#### **Southern Cone Health Report Through 17 October PY1810180394**

[FBIS Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 17 October.

##### **Argentina**

**Meningitis**—Health authorities have reported that there have been 139 meningitis cases so far this year in Misiones

Province, most are new-born babies. (Buenos Aires TELAM in Spanish 2330 GMT 3 Oct 94)

**Cardiopulmonary disorders**—Santiago del Estero hospital specializes in cardiopulmonary disorders. It has reported that 91 tuberculosis cases were reported in Santiago del Estero Province in the first eight months of this year, 74 in the capital and 17 in the interior. There were 86 cases in 1993. (Buenos Aires TELAM in Spanish 2259 GMT 3 Oct 94)

**Meningitis**—A 2-month old infant died of meningitis in Neuquen Province on 1 October, and three new cases were registered in Santa Fe and Entre Rios Provinces in the past few hours. Fatalities have risen to three in Neuquen. Authorities reported a new case on 4 October in Rosario, raising the number in Santa Fe Province to more than 315. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 2314 GMT 4 Oct 94)

**Meningitis**—On 17 October the Health Ministry reported that two people died of meningitis in Santa Fe Province in the past few hours. A 37-year old woman died in the township of Franck, Las Colonias Department, and another fatality was reported in the city of Rosario. (Buenos Aires TELAM in Spanish 0019 GMT 18 Oct 94)

**AIDS**—The Health and Social Action Ministry confirmed on 13 October that 4,853 AIDS cases were registered nationwide from 1982 through July 1994, of which 70 percent are in the Federal Capital. The disease affects mainly the urban zones of Santa Fe, Buenos Aires and Cordoba, as well as the provinces of Santa Cruz, Chubut, Entre Rios, Neuquen, Mendoza, Tierra del Fuego, Corrientes, and Rio Negro. (Buenos Aires LA PRENSA in Spanish 14 Oct 94 p 6)

##### **Bolivia**

**AIDS**—The Regional Health Secretariat has reported that an average of one AIDS case per week has been registered in Santa Cruz over the past 2 years, mainly prostitutes. Most of the 90 cases in Santa Cruz are women. (Santa Cruz EL MUNDO in Spanish 10 Oct 94 p 10)

**Leishmaniasis**—The National Health Secretariat has reported that an average of 900 new Leishmaniasis cases per year are being reported nationwide. Some 760,649 people are at risk in the endemic, tropical, and subtropical zones of La Paz, Pando, Beni, Cochabamba, and Santa Cruz. In all, 4,642 cases were registered between January 1989 and August 1994. (La Paz PRESENCIA in Spanish 7 Oct 94 p 4)

**AIDS**—The Regional Health Secretariat reports that four AIDS cases were reported in Cochabamba Department so far this year. A total of 19 cases were registered since 1986. (Cochabamba LOS TIEMPOS in Spanish 7 Oct 94 p A4)

**Malaria**—Regional Health Secretary Juan Robertson Trigo has reported that malaria cases in Tarija Department have greatly increased this year. The disease mainly affects the Bermejo and Entre Rios zones, while the situation in other parts of Tarija is under control. He said the number of cases rose from 90 people in 1993 to 150 this year in Bermejo;

while in Entre Rios it rose from less than 50 to more than 100 this year. (La Paz PRESENCIA in Spanish 9 Oct 94 p 7)

#### Brazil

**Malaria**—Six people have died and 100 others are seriously affected as a result of a malaria epidemic at the Porto Brasil rubber plantation in Feijo municipality, 363 km from Rio Branco. (Sao Paulo AGENCIA ESTADO in Portuguese 2315 GMT 13 Oct)

**Leishmaniasis**—Several cases of visceral Leishmaniasis have been registered in the city of Teresina, Piaui State. Nearly 300 cases have been registered in this city, and 200 in other municipalities so far this year. A total of 21 people have died. (Sao Paulo GAZETA MERCANTIL in Portuguese 13 Oct 94 p 9)

**Cholera**—There is a new cholera outbreak in Porto Velho. The disease was controlled last year but it has reappeared in Porto Cai n'Agua and among those living along the banks of the Madeira River. Two people have died in Rondonia State, and the total of infected stands at 24. (Sao Paulo AGENCIA ESTADO in Portuguese 2224 GMT 17 Oct 94)

#### Paraguay

**AIDS**—Some 3,000 people are infected with AIDS in Paraguay. This figure was released here on 6 October during an international AIDS prevention seminar. (Asuncion NOTICIAS in Spanish 7 Oct 94 p 55)

#### Peru

**Bubonic plague**—There is a bubonic plague outbreak in Cajamarca, Lambayeque, and Piura Departments, where no cases have been reported since 1990. A total of 600 cases have been detected so far this year, of which 26 have died. (Lima EL COMERCIO in Spanish 25 Sep 94 p A17)

#### South American Health Report Through 9 September PA1009234694

[FBIS Editorial Report] The following is a compilation of reports on South American public health and epidemiological developments monitored through 9 September.

#### Colombia

**Malaria**—Health officials have said that the number of malaria cases rose to 60 in metropolitan Pereira. (Santa Fe de Bogota Emisoras Caracol Network in Spanish 1200 GMT 6 Sep 94)

#### Venezuela

**Dengue**—Health Ministry authorities have indicated that there are 5,760 dengue cases nationwide. The hardest hit states include Barinas with 1,669 cases; Tachira with 1,362; and Aragua with 852. (Caracas Union Radio Network in Spanish 2200 GMT 31 Aug 94)

#### South American Health Report Through 23 September PA2409132694

[FBIS Editorial Report] The following is a compilation of reports on South American public health and epidemiological developments monitored through 23 September.

#### Venezuela

**AIDS**—In a 19 September Caracas-dated report, Leoncio Barrios, a psychologist and AIDS researcher, reported that over 1,800 people have died from AIDS in Venezuela. He said that according to Health Ministry figures, over 3,600 people have been diagnosed with AIDS, and more than half of them have died already. He added that most of Venezuela's AIDS organizations focus on treating people who are already infected instead of on prevention. (Madrid EFE in Spanish 1610 GMT 18 Sep 94)

#### South American Health Report Through 30 September PA0110045794

[FBIS Editorial Report] The following is a compilation of reports on South American public health and epidemiological developments monitored through 30 September 1994.

#### Colombia

**Cholera**—Doctors report that more than 700 people have been struck with cholera on the Pacific coast of Narino Department. The region's only two hospitals cannot cope with the emergency situation. According to the report, the situation is becoming more serious because people lack basic services such as potable water and sewage systems. (Santa Fe de Bogota EL ESPECTADOR in Spanish 24 Sep 94 pp 1A, 13A)

### BOLIVIA

#### Country at High Risk, Prevention Campaign Planned 94WE0439A La Paz HOY in Spanish 14 Aug 94 p 4

[FBIS Translated Excerpt] *The potential risk groups have disappeared. Now, AIDS is present among all social groups. The "disease of the century" is spreading in Bolivia, taking advantage of its population's meager protection. The director of the AIDS prevention program comments: "We lack economic resources and human assets for coping with this disease."*

[Passage omitted] Although really accurate information is lacking, Bolivia maintains levels of incidence that are disturbing. The first case was detected in the middle of the last decade, and now there are over 50 cases [as published] in the entire country. The malignant disease has spread rapidly: "by 30 percent," according to the director of the National AIDS Prevention Program, Maria Luisa Melgar.

The specialist stressed that AIDS has converted Bolivia into a risk zone, because the disease is affecting not only homosexuals, prostitutes, and people leading promiscuous lives, but also "the society as a whole."



Melgar emphasized: "The entire country is at risk; the only weapon available to us for coping with this disease, considered that of the century, is prevention through sex education, and this education is insufficient in our country."

#### Prevention

For this purpose (remarked the director of the anti-AIDS program), a large-scale interdepartmental mobilization is being planned, in which institutions such as the Catholic Church, the Bolivian Red Cross, and others committed to health in the country will participate.

She explained that third and fourth year secondary school students in the cities of La Paz, El Alto, Santa Cruz, and Cochabamba will take part in the campaign to be carried out in those cities. Its goal is to provide information on all aspects relating to the characteristics of the AIDS disease.

As Melgar claims, over 50,000 young people will participate in the national mobilization. Until October of this year, they will be disseminating the most critical information among the student population and a large portion of the society.

The financing of this prevention program is provided by the Catholic Church, through Caritas, whose representatives are concerned about preventing the spread of the epidemic. Paradoxically, however, at the other extreme, the high-ranking clergy have expressed their inclination against condoms.

#### Causes and Factors for the Spread

The first factor in the spread of AIDS is the evidence that the human immuno-deficiency virus (HIV) is circulating in the country. The second is the high rate of prevalence of sexually transmitted diseases. Prostitution, alcoholism, drug addiction, and other risky sexual practices constitute a third cause of its spread.

Apart from the causes cited as the principal ones, there is an appreciable number of conditioning factors, which have been carefully analyzed by the director of the AIDS Prevention Program.

Melgar underscores the existence of a young population pyramid in the country which, in her view, is at permanent risk, because it lacks adequate sex education. This is reflected partly in the low self-esteem of the young people, who are victims of vices such as drug addiction and alcoholism.

In her attempt to emphasize certain levels of prevention, the health authority reiterates that the discrepancies in sex education are leaving in a "disoriented state" the human assets that may later become an easy prey of acquired immuno-deficiency syndrome.

In her opinion, the cultural values rooted in Bolivia curb discussion of the sexual issue in greater depth, reducing it to a taboo topic for adolescents. They are completely ignorant of a program to prevent sexually transmitted diseases.

The country's lengthy borders, the intense flow of foreigners, and the commercial sexual practices in those regions are other conditioning factors for the multiplication of AIDS victims.

According to Melgar, a specialist in programs to prevent this disease, there are difficulties in controlling HIV, because those infected, fearing social condemnation, dare not report their cases, and confine themselves to suffering the consequences in silence.

The insufficient control of blood transfusions, the absence of the news media in prevention programs, the inadequate amounts of financial resources and human assets, and the lack of social sensitivity toward the AIDS problem are concerns for Maria Luisa Melgar, because they affect the multiplication of cases.

#### Gloomy Picture

After describing this gloomy picture, the director of the AIDS Prevention Program claimed that Bolivia's situation is being aggravated by the aforementioned factors and causes.

She stressed: "As is evident, the groups considered high-risk are being replaced by the entire national population. We are all in danger. The prevention efforts must be reinforced, but with the participation of the 7 million Bolivians."

She declined to provide exact data on the AIDS situation in Bolivia, including the two latest cases confirmed in Santa Cruz, arguing that she had not yet received authorization from the National Health Secretariat.

In her view, Cochabamba, Santa Cruz, La Paz, and Chuquisaca, cities considered the most likely to have a proliferation of AIDS cases, have exceeded their limit. The cases have spread throughout the entire national territory, including Cobija and Potosi, where the presence of the HIV virus has not yet been detected.

She emphasized: "At this point, it is difficult to believe that the disease has been concentrated only in certain capitals. I, personally, think that the virus is scattered throughout the whole country. For this reason, the danger is constant, and hence the prevention must be redoubled."

#### CUBA

##### Health Official Reports Statistics on HIV, AIDS Cases

PA2009143394 Havana PRENSA LATINA in Spanish  
2053 GMT 19 Sep 94

[FBIS Translated Text] Havana, 19 Sep (PL)—It was reported here today that more than 130 Cubans infected with the AIDS virus (HIV) are already receiving outpatient care in their community in keeping with a new health policy toward AIDS patients.

According to Dr. Rigoberto Torres, deputy director of the Santiago de Las Vegas Sanatorium, west of Havana, treatment of patients who have tested positive for AIDS is being done in coordination with the so-called "family doctor"



system, an institution that provides medical services for a specific city block or at the neighborhood level.

Torres said the patients continue to receive very expensive and indispensable medication free of charge and lead their lives according to the doctors' recommendations, which include maintaining existing work situations or establishing new ones.

The Santiago de Las Vegas Sanatorium took in the first Cubans found to be seropositive. They lived in confined conditions while the state adopted rigorous epidemiological control measures to detect the disease and avoid its spread.

Torres said that in 1989 the guarantor [garante] patient plan was implemented. These patients were given leave on weekends, either with or without a companion. Another step has been taken with the creation of the outpatient care system for all patients who ask to be returned to their normal life in the community.

As of 8 September 1994, 1,077 carriers of the HIV virus, 299 of whom have developed AIDS, have been reported in Cuba. According to specialists, AIDS has spread slowly here in an arithmetic, not geometric, progression, contrary to what has happened in other countries.

#### **Matanzas Under Porcine Cholera Outbreak Alert**

*FL0409223994 Havana Radio Reloj Network  
in Spanish 2206 GMT 3 Sep 94*

[FBIS Translated Text] Veterinary medicine authorities have declared a sanitary alert in Matanzas Province following the detection of outbreaks of porcine cholera in three municipalities. The alert was instituted on 30 August, when the outbreaks were confirmed in Matanzas, Union de Reyes, and Limonares Municipalities. In order to prevent the spread of porcine cholera, the rest of the province is undergoing a vaccination program, comprising the entire flock in state enterprises, cooperatives, farms, and private owners. The cooperation of the population is therefore essential.

In order to prevent the spread of the disease, pigs or pork meat from the municipalities affected cannot be taken out of the area, nor can animals be slaughtered in nearby municipalities.

#### **Assessment of Pharmaceutical Industry**

*PA2609023494 Havana PRENSA LATINA in Spanish  
0907 GMT 23 Sep 94*

[Report by PRENSA LATINA correspondent Ricardo Potts: "The Great Biomedical Challenge"]

[FBIS Translated Text] The international pharmaceutical industry is a huge, protected sector full of challenges with a market that exceeds \$200 billion.

The 10 largest multinational corporations control 50 percent of this gigantic market with a protectionism that erects new barriers to the newly arrived, colossal research and development costs, and increasing patent protection regulations.

More than 16 billion [currency not specified] a year—15 percent of sales—are invested in research alone as the ability to introduce new products is the key to profitability.

In such conditions, the assimilation of complicated technologies and the possibility of creating them with national resources is science fiction in developing countries. Cubans, however, are striving to achieve this amid their most difficult economic situation of the past 30 years.

We don't strive to appear among the multinational corporations, Dr. Alberto Martinez, director of the Cuban Chemical Pharmaceutical Center (CQF) [Centro de Quimica Farmaceutica de Cuba], says with a smile, but we do strive to be profitable and to reap benefits for the country.

The effort has a logical basis: the search for new exportable resources where the biggest investment is the specialists' intelligence.

According to Dr. Gustavo Sierra, vice president of the Finlay Institute and creator of the meningitis meningococcica B-C vaccine, 30 years of education and training have given the country the high-quality scientific potential it has today.

The time has come for the great biomedical harvest—he asserts—when we reap the fruits of the education and scientific efforts we have been making for decades.

His statements are based on an indisputable achievement: the VA- Mengoc-B-C vaccine against the two types of meningococcica meningitis, the only vaccine of its kind in the world. It was used in Cuba, where it exterminated the disease, and is currently being used in Brazil, Argentina, and other Latin American countries.

In the genetics and biotechnology area, Cubans have 160 products that can be combined for use in a wide array of cases ranging from cancer treatment to delaying AIDS symptoms. Cuban scientists are also making advancements in biotherapies with monoclonal antibodies. The first product of their work was the 10R-TR of the Molecular Immunology Center.

Several organizations work to further this effort, ranging from the Sugarcane Investigation Institute and the Oceanography Institute to new centers such as the Finlay Institute and the CQF. Plants to produce advanced medicine such as the PPG (Ateromixol) have also been established.

Developed by the National Scientific Investigations Center from a mixture of sugarcane alcohols [alifaticos], the PPG reduces and controls cholesterol by cleaning out the plaque accumulated in arteries, veins, and blood vessels and helping the system to recover youthful conditions.

With all its benefits, including giving several 50-year-old men hopes of winning over 20-year-old women, the PPG is only one of the better known advanced medicines created by Cuban researchers, who respond to export deficits by replacing products with national raw material.

Nitrofuranic medicine and aluminum hydroxide gel from sugarcane, steroids found in henequen, nutrient bases for

cultural media with potato and corn yeasts, and crystallized alcohols of a high molecular weight distilled from sugarcane froth [cachaza] oil are examples of the new Cuban pharmacopoeia.

The sea surrounding the island also offers resources for extracting prostaglandins from several types of coral, neurotoxins from several vegetable species, and agar from red marine alga.

Biocen, the new national medicine to counter anemia, is made of extract of equine gastric juices, bovine blood, and honey. Chitin, which is obtained from crustacean exoskeletons, is used to prepare a powder that has a strong healing effect.

Another versatile product is the Trofin constituent that is made with amino acids, enzymes, and honey and is used to counter anemia, according to its inventor, Dr. Raul Gonzalez. Studies and tests performed with Trofin indicate that it is benign and has no toxic risks.

The ingredients in Trofin, he added, have a stimulating and invigorating effect on the organism. Thus, in addition to treating anemias caused by iron deficiencies, it can combat digestive problems, general fatigue, and lack of vitality and appetite.

The university centers are not far behind in this race against time. Havana University has produced two new medicines for digestive problems: the antidiarrhetic Enterex, and the stomach antacid Neutacid.

Both of them are among the most recent university products based on the antimicrobial properties of the mineral zeolite that were presented at an Ibero-American pharmaceutical meeting held in this capital recently.

The use of natural Cuban zeolite in pharmacology includes the treatment of dermatological and bacterial diseases, mycosis, acne, and vaginal infections, event Coordinator Daysi Aguilera said.

Another new line of work is synthesizing the active ingredients of the plant "Stephania Glabra"—originally from Asia and successfully cultivated in Cuba—from whose bulb and root is extracted a substance used in sedatives and antidepressants.

The shell of the lobster, a crustacean that abounds in coastal waters, is another source from which IFAL [expansion unknown] experts extract chitin, a substance with considerable healing powers.

Dr. Ofelia Bilbao from IFAL points out that chitin in the form of ointments and powders is less toxic than ordinary medicines; it reduces the time a person spends in the hospital, repairs tissues, and erases the evidence of burns. Because of this, it could be used in cosmetology, for acne, anal fistulae, osteomyelitis, and ulcers.

The Biomaterials Center (Biomat) is working in this field with the University of Havana, the "Jose Antonio Echeverria" Higher Polytechnic Institute, and the Institute of Medical Sciences, in association with the Rio de Janeiro State University.

Biomaterials can be of synthetic or natural origin and they seek biological compatibility by imitating living tissues that are used as prostheses or for therapeutic purposes, as well as in early diagnosis "kits."

Other products have also been developed, including acrylics such as the dental sealant Cubrident, which protects against tooth decay; materials for dental prostheses such as Aislalgin and Retenden; and the reactive Celacryl, which facilitates the cutting of tissue in surgical dissections.

These new products are sold by companies such as Eron Laboratories, whose commercial manager Maribel Trujillo says that her stock includes sophisticated medicine manufactured through genetic engineering and biotechnology, but does not exclude ordinary medicine in the form of tablets, injections, and antibiotics.

Centers such as the CQF, whose director says that efforts are now focusing on a quantitative jump to mass production, serve as interfaces for the laboratories and producers.

The CQF's first finished product is the potent anti-ulcerous "Q-Ulcer" (subcitrate of colloidal bismuth), which has a bactericidal effect on the "helicobacter pylori" pathogenic microorganism, which affects the levels of acidity in the mucous membrane.

Dr. Jose Castillo Hernandez, one of its creators, explains that Q-Ulcer has proven an efficient treatment for peptic ulcers, which affect 10 percent of the planet's inhabitants, and for chronic gastritis and duodenal ulcers linked to helicobacter pylori infections.

There have been other achievements in the advances of chemistry, such as the production of the cytostatic "actinomycin D" which, according to Dr. Carlos Vallin Ploust, a CQF expert, is used in the treatment of various types of cancer.

Earlier achievements support the theory of Adolfo Garcia Pardo, vice president of Eron Laboratories, who says that Cuban medicine is of high enough quality to compete internationally.

The main factors, he explains, are products that are unique in the world, such as the epidermic growth factor, PPG, melagenin (used for the treatment of vitiligo), recombinant streptokinase (an antithrombotic), monoclonal antibodies, and interferon.

Meanwhile, foreign specialists such as Dr. Vanessa Balleza de Paris, from the Central University of Caracas, Venezuela pharmaceutical school, believe that these developments are making Cuba an attractive center for Latin American pharmacists.

Others, such as Spaniard Francisco Molina, a pharmacy professor at the University of Valencia, are impressed by the level of Cuban pharmacology and the organization of higher education.

I am impressed, he said, with how the capabilities of students and university-educated professionals are taken

advantage of to develop so many new things, which also facilitate a fuller education for students.

The most recent Cuban pharmaceutical novelty is the anti-cancer treatment developed by using shark cartilage, headed by Doctor Jose Menendez Lopez, who increased the success rate of reducing prostate neoplasia from 21 to 67 percent and the success rate for reducing ovarian neoplasia from 12 to 25 percent in a group of terminally-ill patients, who showed strong immunological responses to the treatment with no toxic reactions.

The secret lies in the properties of shark cartilage, which contains a substantial amount of biologically-active substances such as proteins, collagen, and a family of carbohydrate complexes called glycoaminoanglicans [glicosaminoanglicos], glycoproteins, and chondroitin sulfate.

These compounds have powerful antiinflammatory properties and inhibit angiogenesis—a process, common in children, through which the blood vessels are formed—which causes tumor enlargements during carcinogenesis. As we reduce or stop angiogenesis, we also stop tumors from growing.

Of course, Dr. Menendez recognizes that shark cartilage is not a universal panacea and in order to consolidate current achievements, more studies are needed in the near future.

A look into that near future lets us glimpse at the Cuban scientists' ambitious biomedical projects. For instance, more than 20,000 specialists at the National Vaccination Program are working hard to find immunization agents for about 10 diseases.

The creation of a single vaccine to prevent a group of central nervous system diseases caused by bacteria stands out among these projects, as well the vaccines against leptospirosis and cholera.

As for cholera, Dr. Gustavo Sierra said the specialists are working on three types of vaccines, each one of which is as good as the others being tested worldwide. They are also trying to combat all diarrheic diseases.

He pointed out the final goal is to create the so-called "infancy vaccine," which would be a dream come true for UNICEF.

Regarding the AIDS vaccine, Dr. Sierra maintained that the Cuban experts are not discouraged by the rather pessimistic wave spreading through the world scientific community. As the Cuban National Vaccination Program coordinator, he underscored that it has the necessary material and is determinedly working to achieve that goal.

He said: we may not be the first ones, but—he smiled—we will not be the last ones, and the results of our National Vaccination Program, which includes the AIDS vaccine, make us optimistic about this possibility.

For many people, these feats may sound incredible for a Third World country, but those who frequently visit the island's research centers for work reasons have a clearer understanding.

Miguel Marquez, Pan American Health Organization representative, told PRENSA LATINA that the Cuban case is very significant for the WHO, because as the island faced such basic problems as health, it was able to carry out projects of this nature.

He concluded that these projects combined the great efforts of a visionary government, its hard-working people, and the economic adjustments aimed at putting aside superfluous issues and investing in education, industries, and health, which are the foundations for development.

#### **Blockade Blamed for Problems, Shortages in Health Sector**

*PA0110020694 Havana PRENSA LATINA in Spanish 0628 GMT 28 Sep 94*

[FBIS Translated Text] Havana, 28 Sep (PL)—Cuba's infant mortality rate fell in 1993 to 9.4 per each 1,000 live births, and life expectancy remained above 75 despite the difficulties arising from the U.S. blockade of Cuba.

Nevertheless, the ironclad circle placed around the island by the Washington government has had severe effects, particularly in the public health sector—which is extensive and free in Cuba—due to a lack of medicine and supplies.

The blockade, established in 1961 and tightened two years ago with the so-called 1992 Cuban Democracy Act or the Torricelli bill—after the congressman who proposed it—has affected the supply of medicine to the people and other materials required for stomatologic medical treatment.

These problems, heightened by the fall of socialism in Eastern Europe—where a majority of the medical supplies was obtained—also have had an effect on hygiene at the 267 hospitals and approximately 400 clinics in this nation, where the most basic supplies are lacking for clean-up operations.

The effects of the U.S. blockade on the health sector go far beyond the simple lack of supplies in pharmacies and hospitals as it has a bearing on the people's quality of life, as was expressed to PRENSA LATINA by [words indistinct], a U.S. pediatrician.

The specialist, who headed an Association of American Public Health delegation that recently visited Cuba, said that when difficulties in public transportation force a medical doctor to spend two hours getting to his workplace, he cannot provide patients with the best care.

Subjective factors such as those set out by Dr. Rodriguez and others have been added to the shortages and lack of supplies in the health sector, and they paint a picture far removed from the capabilities of the medical and paramedical personnel in the specialized Cuban institutions.



These realities, presented at nationwide meetings of those involved, allow health authorities in Cuba to try to rescue the high quality that has characterized the nation's health system.

Of course, when one reflects upon the blockade and its consequences in this sector, one must also note the achievements of various medical doctors and other scientists over these years.

The restrictive U.S. measures did not prevent the emergence of new techniques such as that developed by Professor Orfilio Pealez, a Cuban ophthalmologist, for a surgical treatment of retinitis pigmentosa.

Nor has it prevented the production of new medicines such as PPG [expansion unknown], which reduces cholesterol; vaccinations against meningococci A, B, and C; melagenina, to eliminate vitiligo; and a factor for epidermal growth effective in replacing skin in burn cases.

To strive for optimum health service in medical centers experiencing shortages, the daily TRABAJADORES, mouthpiece of the Cuban labor union, requested in its most recent edition effective and constant support from all the nation's institutions to achieve better working conditions under the current economic situation.

The statistics and accomplishments achieved and maintained in specific specialities should not result in a complacent attitude. On the contrary, according to the general opinion of Cuban health specialists, it should serve as motivation in the search for solutions to improve the people's health despite the blockade.

#### **Doctor Discusses Blockade's Effects on Pacemaker Supply**

*FL0310174594 Havana Radio Rebelde Network in Spanish 1155 GMT 3 Oct 94*

[Interview with Dr. Alberto Hernandez Caniero, director of the Institute of Cardiology and Cardiovascular Surgery, by Carlos Santana Ojeda in Havana; from the "Doing Radio" program—live]

[FBIS Translated Text]

**Santana:** Dr. Alberto Hernandez Caniero, director of the Institute of Cardiology and Cardiovascular Surgery, in Havana, joins us on the U.S. blockade's effects on the pacemaker supply. You were telling me that Cuba does not manufacture pacemakers. I understand that Japan does not manufacture them, either. Do many countries manufacture pacemakers?

**Hernandez:** No, very few. Pacemakers are manufactured in the United States, France, Australia, Germany, and Sweden. Japan and the Soviet Union [as heard] do not make them. Some companies are U.S. subsidiaries, while others are national. These pacemakers are manufactured in France, Italy, Germany, and Australia, as I said previously.

**Santana:** Why such far away places?

**Hernandez:** Unfortunately, we cannot get them in the United States. We do not need a pacemaker warehouse. If we could buy them directly from the United States, we could get them within 24 hours and would avoid sizeable shipping expenses and the problems of transferring them through several airports.

**Santana:** What company has traditionally supplied Cuba with pacemakers?

**Hernandez:** Siemens, a Swedish firm that also manufactures many other medical products and equipment, has supplied them over the last few years. However, the pacemaker division was just sold to a U.S. company. Australia's (Teletronic) company was supplying Cuba but was bound by the blockade laws after opening a manufacturing facility in the United States, cutting the supply of Australian pacemakers to Cuba. Naturally, we can get them in Europe. People can rest easy: Cuba has the pacemakers it needs, and they are free thanks to our public health organization agreements.

**Santana:** When did (Teletronic) and Siemens stop delivering pacemakers to Cuba?

**Hernandez:** Siemens recently sent a message to Medicuba, the medical products and equipment import/export company of Cuba. I cannot tell you the exact date, but it was quite recently. As for (Teletronic), it was about a month or so ago, not long ago. They have not officially notified us that they are terminating business with Cuba. Selling to Cuba would jeopardize their interests; they would be punished and fined under U.S. law.

**Santana:** What are the inhumane effects of this?

**Hernandez:** First, we cannot obtain pacemakers directly from the United States, where the most important, most technologically advanced manufacturers are. We, Cubans, must wait for the products to make their way to Europe to get them through another country that can buy the most technologically advanced pacemakers directly from the United States. Second, it has made it necessary to secure them from the European market, a market much farther away, where transportation is more difficult. It used to be that you could get a pacemaker here in one hour; from Europe, it will be on a plane for eight hours and must be cleared through the airport, so it will take at least a week to get a pacemaker from Europe.

**Santana:** What will you do at the Institute if you have a patient who needs a pacemaker and one is not available?

**Hernandez:** No, no. The Public Health Ministry has everything under control. We are used to dealing with the problems that a 30-year blockade presents. We are always anticipating and planning ahead to avoid such a situation. As I was telling you before, they can be acquired from several companies. (Biotronica) has been supplying pacemakers to Cuba for some time now. As long as the factory is not tied in with the United States, we will continue to get them there or from other European countries that produce pacemakers. All Cubans can be assured that we have taken care of the situation. It is totally under control. Anyone who needs a pacemaker will get one completely free, as I have said.



**Santana:** No matter what the pacemaker costs on the international market?

**Hernandez:** No matter the price. Until now, we have been able to get them at a reasonable price. If we must pay double or triple—although this would aggravate our economic situation, without a doubt—there will be no problem in getting what the Cuban people need, just as we have done with other things, such as medicines or operations.

**Santana:** Thank you, very much, Dr. Alberto Hernandez Caniero, distinguished Cuban scientist and director of the Institute of Cardiology and Cardiovascular Surgery in Havana, speaking about the great difficulties the blockade has caused in acquiring pacemakers.

## ECUADOR

### Malaria Eradication for High-Risk Cities Viewed

94WE0438A Quito *EL COMERCIO* in Spanish  
23 Aug 94 pp 1, 6

[FBIS Translated Text] Although there has been success in reducing its incidence through various programs, malaria has yielded little ground.

Esmeraldas, owing to its geographical features, is one of the areas hardest hit by the disease.

The abandonment of cities such as San Lorenzo and Borbon, located in the province's northwestern section, and the lack of medical personnel and clinics, are some of the causes exacerbating health conditions in the province, and spreading malaria and other types of diseases.

During the winter season, the lack of piping and sewage systems, as well as paving, contributes to the formation of small ponds that become propitious sites for the development of the transmitting mosquito's larvae.

Malaria is one of the most serious public health problems in the rural areas of Ecuador, affecting 70 percent of its territory.

Esmeraldas, Manabi, Guayas, and Los Rios Provinces, the lower part of Pichincha, and the Amazon zone are Ecuador's principal malaria regions.

In Borbon and San Lorenzo, cities in northwestern Esmeraldas, two health projects are being conducted, aimed at combating malaria and other existing diseases.

The agreement for the first project, for community epidemiology and primary health care, was signed in December 1991 between the Public Health Ministry, the Vicariate of Esmeraldas, and the North Esmeraldas Peasants Organization (Ocamen), and is being implemented in Borbon. The second, carried out as part of the Health Ministry's Fasbase project, has been under way in San Lorenzo since June of this year.

The project being conducted in Borbon is directed toward the areas inhabited by the Chachi and black communities, benefiting approximately 20,000 residents.

Nearly the entire spectrum of tropical diseases is present in this zone: diarrhea, respiratory infections, pulmonary tuberculosis, diseases of the skin, malaria, and cholera.

According to Juan Moreira, the project's coordinator, the main cause of illness among children under age four in this zone is acute respiratory disease. Malaria or marsh fever ranks second.

In the group over age five, the primary cause is malaria. The most common types of malaria in this zone are vivax and falciparum.

In view of the large malaria outbreaks in this zone, community strategies have been adopted to combat the disease: the drainage of anopheles (the mosquito transmitting malaria) breeding grounds, and timely diagnosis and treatment of diseases, through the training of health outreach workers.

Also under way in the communities is the breeding of fish known as "rafaelitos" or "millionaires," which eat all types of larvae, including that of the anopheles.

The project encourages the inhabitants' use of huts impregnated with Permetrin, a chemical derived from pyrethrum that acts as an insecticide and mosquito repellent.

The group in charge of this project consists of four rural physicians, one family physician, six nurses, and 14 nursing aides. There is a total of six health teams for a population of 15,000 inhabitants in dispersed areas.

To attain the goals devised for the project, the participation of the communities in the zone is necessary.

The project has the cooperation of 25 health outreach workers, who are responsible for paying visits to the Chachi and black communities.

The outreach workers operate in communities in which there is a permanent lack of physicians. They engage in collecting information and reporting all cases of persons with diseases. They are trained to treat respiratory infections and minor diarrhea diseases.

When persons infected with malaria appear, blood samples are taken to diagnose the type of case; then the outreach workers administer the treatment, giving chloroquine to the sick persons.

According to the head of the Ocamen's Health Outreach Workers, Santos Mina, the health outreach worker must be chosen by the community in order to be accepted by all its members and, consequently, to do an efficient job.

The outreach worker receives compensation totaling 20,000 sucres from the Health Ministry for working two hours a day in the communities. However, the work done takes more time than that, and the outreach worker sometimes even has to leave the tasks on his land to devote himself to working in the community.

Every two months, the Health Ministry and the Esmeraldas Vicariate hold meetings to train the outreach workers, updating their information and discussing the most significant cases.

The agreement was supposed to be renewed in 1993, but this has not yet been done. The reason? A delay in the Finance Ministry, according to Alberto Narvaez, chief of the Health Ministry's Community Epidemiology Department.

## INDIA

### Bombay Sees Increasing Incidence of AIDS

94WE0428A Bombay THE TIMES OF INDIA  
in English 6 Aug 94 pp 1, 15

[Article by Kalpana Jain: "The Face of Endless Infections"]

[FBIS Transcribed Text] Mohan Singh, 45, is suffering from several diseases. His tongue is covered with multiple fungal infections. His body has small black patches, which are lymphomas. He also has a complex form of tuberculosis, diagnosed as polymicrobial lung disease.

AIDS or the acquired immuno-deficiency syndrome has no single symptom. It is caused by the human immuno-deficiency virus, which cripples the immune system and allows any number of infections to set in.

Mohan Singh was admitted to the G.T. Hospital in Bombay with his many diseases. He has a fever and is losing weight. His eyes are sunken, with dark circles around them. The flesh on his body seems to have been devoured by the virus. He cannot walk without support.

Mohan Singh, whom this reporter met at G.T. hospital, used to be a regular client at Bombay's red-light area. He says he got the infections from there. Between 50 and 60 per cent of the sex workers in Bombay brothels are estimated to be carrying the HIV infection.

The virus may lie dormant for years in the body before it finally shows up as AIDS. During this period the virus may infect others. There are three ways in which it spreads: through unsafe sex, contaminated needles and blood.

Bombay's doctors dealing with AIDS cases meet regularly at G.T. Hospital. They exchange notes on patients in their care. The complex problems arising out of AIDS are baffling medical experts.

Doctors worry about getting tuberculosis from AIDS patients: "The disease is so common in the country that most of us are either carriers of the bacteria or develop an immunity. But the tuberculosis seen in AIDS patients is more complex and resistant."

Senior doctors are now discussing the need for wearing a mask while handling an HIV patient who also has tuberculosis. "AIDS is not infectious, but tuberculosis is," says an expert, while expressing the fear that it is possible for doctors to die of resistant strains of the tuberculosis bacteria.

The chances of getting cured are only 50 per cent in the case of resistant strains, says Dr I.S. Gilada, a specialist, who has been handling AIDS patients. Already about one-third of the hospital's resident doctors get tuberculosis every year. Last year, three resident doctors at G.T. Hospital got tuberculosis.

Another patient the doctors have at G.T. Hospital is a 20-year-old man. He is already a full-blown case of AIDS. He is pale, thin, with hollow cheeks and sunken eyes. He has a severe form of sexually transmitted disease. His chest X-ray reveals a complex case of tuberculosis.

Bombay's hospitals get more AIDS cases than hospitals in other cities. Doctors attribute this mainly to the 80,000 odd sex workers in Bombay's brothels.

The number of cases is increasing each day. At present there are about 5,600 infected people in Maharashtra. But doctors themselves scoff at the figures and say it is much higher. While state health officials say three to four cases are reported every day, doctors at these hospitals suspect they get 30 to 40 cases every week.

In many cases the patients go to the general medicine wards or the skin, STD [expansion not given] and tuberculosis clinics. They are either not tested at all or fail to turn up for the tests when the doctors suspect they are HIV carriers. This explains the discrepancy between the official figures and what the doctors report. A specialist in Bombay, dealing with skin and sexually transmitted diseases, Dr J.K. Maniar, says he alone has 360 couples registered with him who have the HIV infection.

The private hospitals invariably refuse to take in AIDS patients. Extreme cases of neglect are sometimes brought in by the police. At the J.J. Hospital, an AIDS patient was brought in with wounds from which maggots were dripping out.

### Apathy Toward AIDS Scored, Surveillance Questioned

94WE0442A Bombay THE TIMES OF INDIA  
in English 12 Aug 94 p 12

[Editorial: "Coping With Aids"]

[FBIS Transcribed Text] The AIDS virus has several symptoms, the most deadly of them being apathy. The series of investigative reports that this paper published recently were intended to put in focus the many issues which arise from the spread of the disease in India. Not long ago, the Union health minister, Mr. B. Shankaranand, said in an international forum that India had answers to AIDS in its vast storehouse of traditional medicine. Scientific research will not bear out the minister. But what is even more worrying is the complacency underlying such an attitude. There can be little doubt that AIDS and the unassailable virus which causes it by crippling the immune system of the body is emerging as a major problem in the developing world. There are other killers as well such as unclean drinking water, malnutrition, TB and a resurgence of malaria. But the initial signals that AIDS has given of its presence are worrying, to say the least. In parts of Africa it has reached epidemic proportions. In India, if there is any smugness, it is only because surveillance is poor. The warnings from sentinels only point to the tip of a deadly iceberg. Already doctors at hospitals in cities are reporting many more cases than the government's records account for. As the virus's hosts range from truck and taxi-drivers to middle class housewives, tracking the disease becomes more and more difficult. Then, there is the need for social support systems for carriers of the virus who, till they succumb to incurable infections, will perforce have to live with those who have not contracted the disease. Clearly the government needs to gear up its health care administration for these exacting roles.

In the ten years since the disease and its trigger were identified, the search for a cure has followed many paths. Sometimes it has seemed that an answer is in sight. But the virus through its many mutations has always succeeded in being a few steps ahead. With the frustration of each failure has come the realisation that the only real protection from AIDS is in awareness. In the developed world, the AIDS message has not only reached homes and classrooms, but has been codified in mechanisms for public health. Therefore, disposable syringes remain strictly disposable. Blood supplies are screened. The condom has been coaxed out of the anonymity of the pharmacy and put in vending machines. Has all this slowed down the spread of AIDS? It certainly has. But only in those countries which have the economic and social resources for erecting such defences. In the developing world, the picture is dangerously different. Ill-informed bureaucracies, low literacy levels and collapsing public health care allow the virus to run rampant. The virus might prove to be an enduring enigma for researchers, but the trapdoors it has chosen for entering the human body have not changed. Sex without a condom, blood transfusions and shared syringes remain the only proven sources of infection. Strict vigilance is still the only effective antidote to the virus.

#### **Twenty-One Thalassaemic Patients Detected With AIDS**

**BK1109155394** Delhi *THE HINDUSTAN TIMES*  
in English 8 Sep 94 p 5

[FBIS Transcribed Text] New Delhi, Sept. 7—As many as 21 thalassaemia patients undergoing treatment at the NDMC [New Delhi Medical College]-run Charak Palika Hospital in Moti Bagh have been detected to be suffering from the killer disease AIDS.

The patients are believed to have contracted the dreaded disease from infected blood transfusions, according to sources. Thalassaemic patients are required to undergo blood transfusion every month.

The Charak Palika Hospital is the largest blood transfusion centre in Delhi and caters to the need of over 200 child patients of thalassaemia. The hospital acquires about 450 units of blood monthly from the Indian Red Cross Society Blood Bank.

The blood supplied by the Red Cross blood bank is duly tested to check the presence of the Human Immuno Virus (HIV) which causes AIDS. It is certified HIV free.

The detection of so many HIV positive cases among the thalassaemic in Charak Palika Hospital indicates a strong possibility that it has been supplied with infected blood units.

Of the 21 patients who tested HIV positive in the hospital, the youngest is stated to be six years old while the eldest is aged 22, sources informed.

Most of the affected patients were said to be suffering from symptoms such as diarrhoea, weight loss, prolonged fever and lymph nodes.

The number of HIV positive patients in the hospital may be more as not all the thalassaemic patients undergo the test.

#### **AIDS Seminar Panelist Predicts Three Million HIV Cases by 1996**

**BK2209140894** Delhi *INDIAN EXPRESS* in English  
19 Sep 94 p 5

[FBIS Transcribed Text] Jammu—India will have three million 'HIV' positive cases with 1.79 lakh [179,000] AIDS cases by the year 1996. This was disclosed by Dr. Rajinder Singh, head of the Chest Diseases Hospital Jammu, while speaking at a three-day workshop on AIDS.

Every day 6000 new infections are occurring and presently there are 17 million 'HIV' positive cases in the world out of which 15,000 cases have been detected in India, so far. By 2000 A.D. 30 to 40 million 'HIV' positive cases would occur globally out of which one fourth were estimated to be in Asia, said Dr. Singh.

#### **Punjab Fails To Curb AIDS Menace**

**94WE0444A** Bombay *THE TIMES OF INDIA*  
in English 20 Aug 94 p 3

[FBIS Transcribed Text] The Times of India News Service, Chandigarh, August 19—Health officials and non-government voluntary organisations have failed to evolve a comprehensive policy to meet the challenge of the rising number of HIV positive cases in the state.

With a population of more than two crores, 48 full-blown cases of AIDS have been detected in the state. Punjab ranks fourth after Tamil Nadu with 152 cases, Maharashtra with 117 cases and Kerala with 76 cases reported up to January 1. About 165 HIV positive cases have been detected and 30 deaths have already occurred due to the disease in the state.

According to an estimate of the World Health Organisation (WHO), as many as eight million people could be infected with the HIV virus countrywide and the number of those residing in Punjab could be 20 lakhs. However, the steps to tackle the danger are inadequate. A budget of Rs 108.65 lakhs sanctioned during the current year is meagre, keeping in view the spread of the disease.

Case histories of infected persons reveal that 80 to 85 per cent of the patients in the state have contracted the disease through heterosexual contact. Only ten to 12 per cent of the cases have got it through unsafe blood transfusion. Unlike the north-east, the cases due to intravenous drug abuse were negligible.

According to the director, health services, Punjab, Mr Dalvir Singh: "We have a high concentration of truckers who frequent the Delhi-Bombay and Delhi-Calcutta routes. Since these people remain away from their families for long, they are the most vulnerable."

A drive has been launched for creating awareness among the truckers. Mr Dalvir Singh said the health department provides free condoms to the truck unions which are subsequently distributed among the truckers operating on the



highways. "No questions are asked nor any sermons delivered. We simply make them aware of the danger and suggest remedial measures," he added.

According to Mr Dalvir Singh, the absence of well-identified red-light areas is also posing a problem. Ms Shobha Sehgal of department of immunopathology, PGIMR [expansion not given] says: "It's easy to evolve a strategy to deal with the problem when it's concentrated in certain pockets. But where the potential targets or carriers of the HIV virus are dispersed in the population, it becomes a problem."

#### **Enteritis, Cholera Kill 997 in Uttar Pradesh**

94WE0441A Calcutta THE STATESMAN in English  
15 Aug 94 p 6

[FBIS Transcribed Text] Lucknow, Aug. 14—With two more deaths reported since yesterday, the toll in gastroenteritis and cholera raging in Uttar Pradesh for the past two months rose to 997 today, reports PTI [Press Trust of India]. According to reports from Basti district, two persons died and over one hundred cases of infection were reported from Bhimra village since yesterday. Over 18,000 people have been affected so far in the State.

#### **Weil's Disease Epidemic in Kerala Causes Concern**

94WE0445A Bombay THE TIMES OF INDIA  
in English 2 Sep 94 p 8

[FBIS Transcribed Text] The Times of India News Service, Thiruvananthapuram, September 1—Weil's disease, the epidemic which claimed 25 lives in Kozhikode, has sent alarm bells ringing in medical circles here.

A team of experts has recommended a number of measures, including the distribution of testing kits to all medical practitioners and mass killing of rats to arrest the spread of the disease.

About 200 people have been admitted to various hospitals in Kozhikode. Last year, Idukki, Ernakulam and Kottayam districts had reported several cases of the disease which breaks out after the onset of monsoon.

The health secretary, Mr Gopalakrishna Pillai, said Rs 10 lakhs has already been allocated to buy testing kits. He said since the disease had symptoms similar to that of jaundice, doctors have been advised to test the blood of the patients with the Weil's disease testing kits. Leaflets giving details of the disease are also being distributed among the people and the elimination of rats en masse is being undertaken by the Kozhikode municipal corporation in three of the worst-affected localities of the city.

Known in medical terms as *leptospirosis*, the symptoms of Weil's disease include fever, body pain, and redness of the eyes. It can prove fatal if not treated in the early stages.

#### **Commentary Outlines Causes of New 'Plague' in Country**

BK2309063194 Delhi All India Radio Network  
in English 0245 GMT 23 Sep 94

[Commentary by journalist Angana Parikh]

[FBIS Transcribed Text] Human plague was believed to have been eradicated from India after 1966, but this dreaded medieval disease known as Black Death has surfaced again in India. According to experts, ecological disturbances often cause wild rodents, which are often carriers of plague, to come out of forests into human settlements. The rodent plague has been noticed in the forests of Tamil Nadu, Andhra Pradesh, and Karnataka. After the Maharashtra earthquake last year, the National Institute of Communicable Diseases had warned the state government of the possibility of human plague.

Until 1987, there was a plague surveillance unit in Pune, but this was closed down because there was no case of human plague. Pneumonic plague is very contagious. It is one of the three types of plague—the other two being bubonic plague and septicemic plague. All three are caused by the same bacillus which first infects rats and spreads to human beings through fleas which have nested in the infected rats. It is when plague spreads to the lungs and becomes pneumonic plague that the disease spreads quickly in the community through sputum and cough.

According to the National Institute of Communicable Diseases, the epidemic in Surat could be the result of floods which are also ecological disturbances. Also, since there have been no cases of human plague for decades, doctors are no longer familiar with the disease or its symptoms. It is possible that doctors in Surat failed to diagnose it on time and therefore the right medicines were not administered. Although antibiotics like Tetracycline are extremely effective, delay in treatment of pneumonic plague can result in quick death. Containment measures like the ones taken in Maharashtra have been found quite effective. Spraying of (Gamixin) to kill the fleas, isolation of patients, vaccination, and killing of rats are the steps which can be taken. The problems of vaccination is that India does not have enough stocks at present since the disease was eradicated. Also, the plague vaccination becomes effective only eight days after being injected. For the moment, all patients, doctors, health workers, and others who come into contact with the disease are being given prophylactic treatment, that is antibiotics—regular doses of antibiotics such as Tetracycline.

#### **Pneumonic Plague in Gujarat**

##### **Surat City Declared 'Disease-Affected'; Plague Kills 24**

BK2309013094 Delhi All India Radio Network  
in English 0035 GMT 23 Sep 94

[FBIS Transcribed Text] In Gujarat, the entire city of Surat has been officially declared as disease-affected following the spread of suspected pneumonic [as heard] plague in the city. At least 24 people have died in the city. Our Ahmedabad



correspondent reports that 17 of the 135 admitted in hospitals are reported to be serious. The prime minister, Mr. Narasimha Rao, has directed the Health Ministry to set up a control room to closely monitor the incidents of plague. The center has rushed a team of experts to Surat following reports of deaths due to pneumonic plague. Meanwhile, the state government has taken several steps to control the disease. Five crore rupees from the chief minister's fund has been released for controlling the disease. Precautionary measures to prevent the epidemic from spreading in the adjoining districts of Valsad and Bharuch have also been taken.

### Further on Outbreak of Pneumonic Plague in Gujarat

BK2309170494 Delhi All India Radio Network  
in English 1530 GMT 23 Sep 94

[FBIS Transcribed Text] In Gujarat, massive relief operations are on in the pneumonic plague-affected Surat city. The epidemic has so far claimed 29 lives. More than 180 persons are under treatment in hospitals. The chief minister, Mr. Chhabildas Mehta, told newsmen in Ahmedabad that one helicopter carrying 20 lakh tetracycline tablets and 10 lakh injections has already reached Surat city from Ahmedabad. The chief minister said that 13 medical teams are engaged in detecting the affected persons and providing medicines to them. Our Ahmedabad correspondent, Manoj Agajar, has this report: [begin Agajar recording]

Agajar: The city has been declared epidemic-affected and all educational institutions, cinema halls, parks, etc. and other places have been closed for weeks. Door-to-door checking through distribution of antibiotic drugs and massive cleanliness drive has been launched. State government will import the tetracycline capsule and other drugs from China and Hong Kong. One helicopter carrying medicines and injections has already been reached to Surat and similar helicopters will reach to Surat tomorrow from Ahmedabad. [end recording]

That was our correspondent reporting on the situation in Surat. The union minister of state for rural development, Mr. Uttambhai Patel, arrived in Surat and visited the affected areas today. Two expert medical teams from New Delhi and Pune are now in Surat city. They are taking blood samples to ascertain the exact cause of the epidemic. Voluntary agencies have assured the state government of full cooperation in the relief operations. The drug producers and dealers have assured the chief minister of adequate supply of medicines to meet the situation.

Meanwhile, two cases of suspected pneumonic plague have been reported from Bharuch and Baroda cities. The district authorities have convened a meeting of the concerned departments to take preventive steps. In Surendra Nagar District, the authorities have set up checkpoints with medical staff to test the people entering the district from the affected areas of Surat and take preventive steps.

In Maharashtra, preventive measures have been taken in the districts adjoining Gujarat to prevent the spread of plague.

An official spokesman said there is a plan to station medical teams at important railway stations like Bombay Central and Boriveli to check the infection and the people coming from other affected areas. The Gujarat Government has been requested to prevent as far as possible people coming from affected areas to Maharashtra.

In Rajasthan, the state government has taken preventive steps in view of the outbreak of plague in Gujarat. Medical units have been set up at railway stations and bus stands in Durgapur, Banswara, and Udaipur Districts which are adjacent to Gujarat. Medical experts from Udaipur Medical College have been sent to other districts to apprise the local medical staff of preventive measures.

In Madhya Pradesh, all district collectors have been alerted to ensure ready availability of essential medicines at the district headquarters to meet any exigencies. The chief minister, Mr. Digvijay Singh, today reviewed the situation at a high-level meeting in Bhopal. An official spokesman told our correspondent that so far there is no report of any incidents of plague in any part of the state and there was no need for panic. Special surveillance is being maintained on the people coming from Gujarat and Maharashtra. Arrangements have been made to treat any affected passengers at railway stations and bus stands.

In Karnataka, precautionary measures have been taken to minimize the possibility of the outbreak of plague. A special cell to monitor the situation has been set up. The state health minister, Dr. Malka Reddy, told newsmen in Bangalore that a special alert has been sounded in districts bordering Maharashtra.

The national capital territory government convened a meeting today to review the precautionary measures to be taken in Delhi keeping in view the spread of plague in some parts of the country. The chief minister, Mr. Madan Lal Khurana, chaired the meeting. He appealed to the people to inform the authorities about any plague-related symptoms that they may notice.

New Delhi has sought assistance from Moscow and Washington in the chemical analysis of blood samples from the plague-affected persons. This was stated by the union health secretary, Mr. M.S. Dayal, after reviewing the situation with experts and senior officials. He told reporters that the situation in the plague-affected areas of Gujarat is now well under control. Eight lakh tetracycline capsules are being air lifted to Surat for free distribution. Two thousand tons of Gammaxine [insecticide] is also being rushed to step up the spray of insecticides. Mr. Dayal said there is no shortage of tetracycline in the country, both for preventive and curative treatment. The health secretary said that the Plague Control Unit in the Maharashtra which was closed some time ago is being revived. A control room has been set up in Delhi to closely monitor the situation. Mr. Dayal is going to Ahmedabad and Surat tomorrow along with the director general of health services, Dr. A.K. Mukherjee, and the director of the National Institute for Communicable Diseases, Dr. K.K. Dutta. The center, Mr. Dayal said, is sending 20 lakh

tetracycline capsules and a huge quantity of Gammaxine for preventive and control measures in Maharashtra.

Experts say there is absolutely no need for alarm over the outbreak of pneumonic plague. The WHO representative in India, Dr. N.K. Shah, and the director general of Central Health Services, Dr. Mukherjee, said plague is no longer a fatal disease. It can be cured. Treatment is also available even when the patient is in the last stage. Any high-spectrum antibiotic like tetracycline can easily cure the disease. Four tablets of tetracycline a day (taken) for five days provide the antidote to plague. Dr. Mukherjee said the symptoms of plague can now be diagnosed within a maximum period of 48 hours. He advised all those people whom had left Surat to take tetracycline for five days as a precautionary measure. Children should be given liquid (Cetron) after consulting the doctors.

#### Control Operations 'Stepped Up'

BK2409084194 Delhi All India Radio Network  
in English 0245 GMT 24 Sep 94

[FBIS Transcribed Text] In Gujarat, the operation to control the plague in Surat city is being stepped up. Our Ahmedabad correspondent, Manoj Agajar, reports that so far 32 people have died in the epidemic and 198 have been admitted in hospitals. Huge quantity of medicines from various places are arriving in the city. Several medical agencies are engaged in distributing the medicines to the affected people. The state government has appointed the additional chief secretary, Mr. K.V. Bhanujan, as the overall coordinator for supervising the entire operation. Ahmedabad city and Amreli town have been declared as plague threatened areas. A [word indistinct] cleanliness drive has been launched.

A team of senior central government officials and experts are arriving in Surat today to assist in the relief operations in the plague-hit areas of the city. They will coordinate efforts to prevent the epidemic from spreading to other areas. The team includes the union health secretary, Mr. M.S. Dayal; the director general of health services, Dr. A.K. Mukherjee; and the director of the National Institute of Communicable Diseases, Dr. K.K. Dutta. Experts from the institute are already in Surat to conduct a detailed examination on the nature of the epidemic. Meanwhile, the Surat District Health Service authorities last night said that the epidemic is an outbreak of pneumonic plague as indicated by tests on blood samples of the victims.

The union minister of state for rural development, Mr. Uttambhai Patel, visited the affected areas yesterday. Meanwhile, the Delhi government has issued a red alert following apprehensions of people coming from the plague-hit areas may cause the spread of the disease in the capital. The chief minister, Mr. Madan Lal Khurana, has said all precautionary measures are being taken. A high-powered committee under the chairmanship of the chief secretary has been formed to coordinate the efforts. Several state governments have also alerted their officials and taken preventive measures. They are Maharashtra, Rajasthan, Madhya

Pradesh, Karnataka, and Andhra Pradesh. In the states adjoining Gujarat, medical teams are being posted at important railway stations and bus terminals to check infection.

#### Thirty-Seven Dead

BK2409163494 Delhi All India Radio Network  
in English 1530 GMT 24 Sep 94

[FBIS Transcribed Text] In Gujarat, the pneumonic plague epidemic in Surat is gradually coming under control as more and more patients are responding to treatment; 324 patients are undergoing treatment in various hospitals. Massive relief operations are on in the city. The epidemic has claimed 37 lives so far. A cleanliness drive has been launched. The state government has appointed the additional chief secretary, Mr. K.V. Bhanujan, as the overall coordinator for supervising the operation. Voluntary agencies have also come forward to help prevent the spread of the epidemic. Our Ahmedabad correspondent, Manoj Agajar, reports:

[Begin Agajar recording]

Agajar: The Surat city, known as diamond city, which is under the grip of pneumonic plague is now gradually coming under control. The patients are responding to the treatment well. Meanwhile, more and more voluntary agencies have come forward to cooperate the state government's operation to contain epidemic. At least a hundred teams are going door-to-door for the distribution of antibiotic drugs to the affected people. One helicopter carrying with 20 lakh tetracycline drugs and 10,000 injections have already been reached to the city. [end recording]

Our correspondent further adds that the state government has declared Ahmedabad, Amreli, Dang, Bharuch, and Ankleswar as epidemic threatened areas.

At Bharuch, the district administration has ordered closure of educational institutions, cinema halls, and other public places till the first of next month as a precautionary measure. Five cases of suspected pneumonic plague have been reported from the Bharuch city during the last two days. The union health minister, Mr. B. Shankaranand, visited the city today along with the chief minister to gather first hand information about the extent of the problem and measures taken so far to control it. Later, talking to newsmen in Ahmedabad, Mr. Shankaranand appealed to the people of Surat not to leave the city. He said pneumonic plague is curable and the required medicines are available in adequate quantity. He assured the state government of all help in containing the disease. The minister appreciated the doctors for the timely medical help extended to the patients. Earlier, Mr. Shankaranand held meetings with the state chief minister, the district officials, and others in Surat and took stock of the situation. He visited the hospitals and inquired about the health of the patients. The chief minister told newsmen that out of 100 samples examined, 60 are confirmed to be of pneumonic plague.

In Maharashtra, the Pune District administration has set up a special Plague Control Cell to monitor the situation and

take preventive measures. The Rajasthan, Madhya Pradesh, Karnataka, Andhra Pradesh, and Delhi Governments have also taken preventive and precautionary measures. The Tamil Nadu Government has stationed a team of doctors at the airport and railway station in Madras to screen those arriving from Gujarat and Maharashtra. The state health minister, Mr. S. Muthuswamy, said that those coming from the affected states will be given preventive tablets.

The prime minister has directed the union Health Ministry to take all possible steps to ensure adequate supply of prophylactic drugs and medicines. He has also asked the ministry to ensure that insecticides are made available in sufficient quantity. Mr. Narasimha Rao desires that widest publicity should be given to the precautionary measures that can be taken by the people to protect themselves against the spread of the epidemic. The prime minister is personally keeping in touch with the steps taken by the central ministries and state governments to deal with the situation arising out of outbreak of plague in the western region.

The CPI-M [Communist Party of India-Marxist] has expressed concern over the outbreak of plague in the region. In a press statement in New Delhi today, the Politburo of the party urged the center and the state governments to take appropriate steps to ensure the supply of medicines to the region. The BJP [Bharatiya Janata Party] president, Mr. L.K. Advani, visited Surat city today and went around the affected areas.

#### Further on Plague Situation

*BK2509082694 Delhi All India Radio Network  
in English 0245 GMT 25 Sep 94*

[FBIS Transcribed Text] With 60 of the 100 blood samples examined confirming to be of pneumonic plague, the municipal areas of Surat city have been declared as plague affected. This follows the doubts raised over the nature of the epidemic. The state government has also declared Ahmedabad, Amreli, Dang, Bharuch, and Ankleswar as epidemic threatened areas.

Our Ahmedabad correspondent reports that over 100 patients of pneumonic plague have been discharged from the Surat Civil Hospital after complete cure. Another 252 are under treatment in the hospital. The report, received this morning, says that the death toll has risen to 42. Our correspondent adds that at least 200 medical teams are going door-to-door in the affected areas distributing medicines.

A report from Aurangabad, Maharashtra says four patients of bubonic type of plague were admitted in the Government Medical College Hospital in the city yesterday. The city's municipal corporation has launched preventive measures. In Bir District, the situation is well under control. According to the regional deputy director of health, out of the 91 cases detected in (Mamla) and 12 surrounding villages, so far 80 have been fully cured.

Meanwhile, the Maharashtra, Rajasthan, Madhya Pradesh, Karnataka, Andhra Pradesh, Tamil Nadu, Orissa, and Delhi

Governments have also taken preventive and precautionary measures against the disease. The measures include monitoring and medical units at bus stands, railway stations, and airports to screen the people arriving from the affected areas. In Maharashtra, besides on-the-spot medical examination and treatment, two other measures have also been put into operation in Bombay. These are compulsory fumigation of vehicles entering the city and closure of street side eating places after 9:00 PM in the areas from Bombay South to Dadar.

The prime minister has directed the union health ministry to take all possible steps to ensure adequate supply of prophylactic drugs and medicines. The prime minister is in touch with the steps taken by the central ministries and state governments to deal with the situation. The union health minister, Mr. B. Shankaranand, has already visited the city yesterday along with the state chief minister.

#### Plague Detected in Jaipur as Situation Improves in Surat

*BK2609032894 Delhi All India Radio Network  
in English 0245 GMT 26 Sep 94*

[FBIS Transcribed Text] The Gujarat government has deployed two companies of the Rapid Action Force in Surat to help the authorities identify the plague-affected people. They will also help prevent plague patients from leaving hospitals against medical advice. The union health secretary, Mr. M. S. Dayal, who toured the city yesterday, has described the situation as well under control. He told newsmen in New Delhi that exodus of the people from the city has virtually stopped. Mr. Dayal said, as the municipal areas of Surat have been declared as plague-affected, the administration now has the legal power to compel patients to take treatment in hospitals. The Gujarat government has announced an action plan to deal with the situation. With two more deaths reported from the city yesterday, the toll in the epidemic has risen to 42.

Meanwhile, a report from Jaipur says about 13 persons were detected suffering from plague symptoms in Jodhpur Division. An official release in Jaipur said over 4,000 people have migrated to Barmer, Jaisalmer, Sirohi, Jalore, and Jodhpur districts of Rajasthan in the last three days. The state health department has begun surveillance to prevent the spread of the disease.

#### Ministry Asks Embassies To Stop 'Baseless Rumors' on Plague

*BK0810160994 Delhi All India Radio Network  
in English 1530 GMT 8 Oct 94*

[FBIS Transcribed Text] The World Health Organization [WHO] is to send an international team of experts to undertake detailed investigations on the outbreak of pneumonic plague in Surat city. The director general of the WHO, Mr. Hiroshi Nakajima, has said that the plague in Surat does not appear to be epidemic. He was addressing a news conference in Delhi after a visit to Surat. He said a very few cases have turned out to be positive, though the city has a large population. He said tests carried out in India



are according to international norms. The WHO chief commended the government for its very rapid action in containing the disease and said there is no need now to intensify the surveillance mechanism to prevent recurrence of such outbreaks. Observing that there is no need for overreaction, he said that he has already explained the nature of the disease to the Gulf countries who are members of the WHO Regional Council.

The Health Ministry said in New Delhi that the plague situation has improved further with no death of any suspected plague victim during the past three days. Meanwhile, the [Gujarat] state cooperation minister, Mr. Thakorbhai Naik, told our Ahmedabad correspondent that 570 patients have been discharged from the Surat Civil Hospital. Nine cases of suspected pneumonic plague were registered today. With this, 209 patients are under treatment in the civil hospital.

The Commerce Ministry has asked the Indian missions abroad to check baseless rumors being spread by vested interests in some competing countries about the plague situation. A message sent to the Indian ambassadors says the measure is necessary to instill confidence among the importers and national authorities for buying goods of Indian origin. The Commerce Ministry pointed out that there is no risk of transmission of plague through food and non-food exports from India. This has been confirmed both by the European Commission and the WHO.

Cinema halls in Delhi will be opened from Monday. The decision has been taken following improvement in the plague situation. The chief minister, Mr. Madan Lal Khurana, has directed the cinema hall owners to ensure cleanliness. He said out of 124 samples received from the National Institute of Communicable Diseases, none was found positive.

### Concern Over Cholera in Bihar

94WE0427A Bombay THE TIMES OF INDIA  
in English 9 Aug 94 p 7

[Article: "Cholera in Bihar Causes Concern"]

[FBIS Transcribed Text] New Delhi, August 8: Congress members from Bihar led by Dr Jagannath Mishra, today drew the Centre's attention to the cholera epidemic in the state and said urgent steps should be taken to ensure public health.

Raising the matter during zero hour, Dr Mishra said it was one of the worst epidemics in the last four to five years and the state government had failed to take steps in time to prevent such large-scale casualties.

Supporting him, Mr S.S. Ahluwalia, said 350 people had died in just one day in one of the districts. The Centre should provide medical relief instead of waiting for the state to ask for it, he said.

The house saw several members making special mentions, Mr Sanjay Dalmia, Samajwadi, wanted the Centre to investigate how the Rajasthan government allowed a tannery worth Rs 2 crores to be sold off for just Rs 2,000 with public sector banks and financial institutions asked to waive the loans on the tannery.

### 'Menacing Proportions' of Diarrhea in Bihar

94WE0427B Bombay THE TIMES OF INDIA  
in English 9 Aug 94 p 10

[Article: "Diarrhoea Claims 1,000 in Bihar"]

[FBIS Transcribed Text] Patna, August 8: Diarrhoea has assumed menacing proportions in Bihar with over 1,000 person succumbing to the epidemic in the first seven months of this year.

The state government has released Rs 50 lakhs to the affected districts for the purchase of medicines, saline and oral rehydration salt (ORS) packets.

The government has set up control rooms at all district headquarters to monitor the situation.

Meanwhile, the chief minister, Mr Laloo Prasad Yadav, has reviewed the situation prevailing in the affected districts and directed the health department authorities to take stern action against the doctors and other employees found guilty of dereliction of duty.

The government has also decided to set up a state-level monitoring cell to ensure that essential medicines were sent to the affected districts on time.

Mr Yadav, while exhorting the health department officials to create public awareness about the use of ORS, told them that funds would not be a problem so far as providing medicare was concerned.

### Officials Report Statistics on Diarrhea in Bihar

94WE0440A Calcutta THE STATESMAN in English  
15 Aug 94 p 6

[FBIS Transcribed Text] Patna, Aug. 14.—Diarrhoea has claimed 1,737 lives in 41 districts of Bihar so far this year, reports UNI [United News of India]. Official sources said today that over 36,129 people had been affected by this disease. Giridih in south Bihar, and Gaya, in central Bihar, were the worst affected districts where the toll was 173 and 105 respectively. Supply of contaminated water and sale of stale meat and vegetables were said to be the major causes for the spread of this disease.

## IRAN

### Darabad Laser Therapy Unit Begins Operations

94LA0259G Tehran JAHAN-E ESLAM in Persian  
3 Sep 94 p 2

[FBIS Translated Text] The best-equipped laser treatment unit was opened at the Center for Tuberculosis and Lung Disease Research at Masih Daneshvari Hospital in Darabad in Tehran in the presence of Dr. Velayati, minister of foreign affairs; 'Asgarowladi, the vice regent's representative; Niri, supervisor of the Imam Khomeyni (peace be upon him) Aid Committee; and members of this body's Supreme Medical Council.



The equipment for the laser treatment unit in this hospital was procured with credits from the Imam Khomeini (peace be upon him) Aid Committee.

Niri, supervisor of the Imam Khomeini (peace be upon him) Aid Committee, said during the ceremonies opening this unit: This year the universal health insurance project was implemented by this body, and more than 3 million people needing universal health insurance were given coverage.

He discussed services to be rendered in the future by this body in the Second Five-Year Plan. He said: If the needed credits are approved in the Second Five-Year Plan, 8 million more people will be covered by universal health insurance.

## IRAQ

### Health Minister Denies Spread of AIDS

JN0509115594 Baghdad INA in Arabic  
0915 GMT 5 Sep 94

[FBIS Translated Excerpts] Baghdad, 5 Sep (INA)—Health Minister Dr. Umid Midhat Mubarak has denied there are large numbers of AIDS cases in Iraq. He described reports about this as rumors. Mubarak emphasized that Iraq is fully free of the disease. He said: We have informed the WHO of the very few cases discovered in Iraq, which, more than most countries, is free of this dreadful disease.

He said specialized testing teams have discovered 31 AIDS cases. In a statement published by AL-JUMHURIYAH today, the health minister said the basic reason for these citizens' infection was that they had received Blood Factor 8 during hemophilia treatment. The blood [used in the treatment] was contaminated with the AIDS virus.

Dr. Umid Midhat Mubarak disclosed that Iraq has brought a suit against the French Mrio [name as transliterated] Company that supplied the ministry with the Factor 8 medication. [passage omitted]

The health minister refuted allegations about the spread of the AIDS epidemic in the autonomous region in northern Iraq. He said: Within the past 12 months, we have tested 15,000 citizens selected arbitrarily in areas adjoining the northern governorates. The results of all tests proved to be negative. [passage omitted]

### Health Report Notes 'Alarming Rise' in Mortality Rate

JN2409122294 Baghdad INA in English  
0840 GMT 24 Sep 94

[FBIS Transcribed Text] Baghdad, Sep. 24 (INA)—Some 6,690 Iraqi people were reported to have died during last August as a result of medicine and food shortage caused by the embargo imposed on the country.

A Health Ministry report released this week showed an alarming rise in mortality rate among Iraqi people, and in particular among children over the past month of August (nearly) four years after the imposition of the embargo in

comparison with mortality rate recorded during the same period in 1989 (a year before the imposition of the embargo).

The report blamed the rise in mortality rate on the dearth of food and medicine because of the UN-imposed trade sanctions on Iraq.

As usual children are hit hardest by the sanctions. The report said that 5,146 children under the age of five perished because of diarrhea, pneumonia and malnutrition related diseases over the past month of August in comparison with some 302 children died over the same period in 1989.

The ministry's report attributed the rise in fatalities among children to acute shortages of food and medicine because of the embargo and shortages of clean potable water and breakdown of a number of water treatment plants in some parts of the country due to the bombing by U.S. and allies' aircraft during the war and lack of spare parts for maintenance and repair work.

The ministry's report noted that during August 1989, the number of children struck by malnutrition related diseases was 90, whereas the number of children fatalities over the same period in 1994 reached some 2,082 scoring an almost a 2213.3 per cent increase over 1989's figure.

The report also showed that diarrhea has claimed the lives of 159 children over the month of August, 1989 in comparison with some 2,298 deaths recorded during the same period in 1994, that is some 1345.3 per cent increase over 1989's.

Similarly, the number of children who died because of pneumonia has jumped from 53 in August, 1989 to reach some 766 in August 1994 recording an increase of 1345.3 the report pointed out.

As for patients who suffer from chronic diseases, the report noted that hypertension, diabetes and malignant neoplasms were the main causes of the death of 1,544 recorded over the month of August in comparison with some 498 registered over the same period in 1989.

According to the ministry's report some 81 people died because of hypertension over the month of August 1989 in comparison with 274 who died over the same period in 1994, recording an increase of 238.3 per cent over 1989's figure.

In the meantime, fatalities caused by diabetes have registered a sharp rise in August 1994, said the report, noting that some 203 people have died over the month of August 1994 compared with some 81 ones for the same period in 1989, scoring an increase of 150.6 percent over 1989's figure.

According to the report, some 1,607 people who suffer from malignant neoplasms have died during August 1994 compared with some 316 ones died over the same period in 1989, scoring an increase of 237.65 per cent over 1989's figure.

The cause of the sharp rise in mortality rate among people who suffer from malignant neoplasms were attributed to the shortages of chemical and hormone medicines.

The absence of cobalt radioactive element needed for the treatment of malignant tumours has hit plans to care for people in bad need for radio therapy.

An earlier report of the Ministry of Health has pointed out that some 12,299 Iraqi people have been reported dead over the past months of June and July as a result of shortages of food and medicine because of the ongoing trade embargo.

## LEBANON

### Report on Diseases in North, Preventive Measures 94WE0391A Beirut AL-SAFIR in Arabic 13 Jul 94 p 6

[FBIS Translated Text] Al-Shamal, Khidr Talib—The health situation in the city of Tripoli, and the al-Shamal region in general, is bad and is threatening to get worse, as it does every summer, especially since a number of infectious diseases have begun to appear in more than one district in the city and in most of the northern districts.

If last summer brought with it cholera, the signs that have begun to appear throughout al-Shamal as a whole warn of something more serious, from typhoid in Tripoli (about 10 cases have been reported recently in the al-Mallulah district); to cholera, that is always on the verge of breaking out in more than one district; to Leishmania, a new disease in the medical dictionary (27 cases in 'Akkar); and meningitis, which wastes no time in appearing after a short incubation period (in al-Daniyah and Tripoli, in particular); to Malta fever, which is carried by milk and its products (two cases in al-'Ayruniyah-al-Fawwar); then malaria, which is being talked about in whispers (two cases in 'Akkar); and tuberculosis (10 cases in Tripoli, 'Akkar, al-Daniyah, and Zgharta); and last but not least, infantile paralysis (one case in the Bab al-Tabbanah region in Tripoli, and another suspected case). That is if we do not count thyroid diseases, and cancer resulting from pollution, which is spreading in an alarming manner.

The question here is: Are there other infectious diseases that the people of al-Shamal have not yet seen?

It might be considered wrong to paint this gloomy picture of the health situation in al-Shamal and alarm the people, as health officials say; however what happens and has happened whenever attempts are made to obscure the facts and hide them from the people might be more serious than if the situation and circumstances were made public, especially since the appearance of a case of infantile paralysis in Bab al-Tabbanah aroused fear among citizens, so they cooperated remarkably with the rapid vaccination campaign that the Ministry of Public Health and the civil health establishments undertook. In its first days, it covered about 1,200 children, and it will continue to vaccinate about 70,000

children in the al-Shamal region through a comprehensive vaccination campaign announced by the Ministry of Health. This vaccination campaign will cover about 325,000 children, starting the 25th of the current [month].

But the question remains as to how effective the present campaign is and whether it can prevent diseases and epidemics, since the Ministry of Health, due to its area of responsibility, always resorts to treating the health consequences of the spread of epidemics among the people, leaving the wells of pollution and germs and the causes of diseases and epidemics. And therein lies the responsibility of the rest of the ministries, for the sera do not get rid of water pollution. Laboratory analyses that were recently done on drinking water samples in al-Qubbah, Abi Samra', and al-Mallulah confirmed the presence of the bacterium *Escherichia coli*, that is, of human excrement. Moreover, vaccination campaigns do not prevent environmental pollution (due to the burning of garbage, or its accumulation between houses in the northern regions), and urging the people to follow public health principles does not keep sewage water away from drinking water.

The problem, then, lies not only in the afflictions, but also in their causes, and this is what calls for a radical solution—getting rid of pollution in the drinking water and separating its network from the sewer network and stopping the burning of garbage or tossing it out among the houses. Even if the Tripoli water authority has in fact begun to bring the drinking water network up to standard, it must finish the job by bringing the sewer network in Tripoli and the rest of the northern districts up to standard, and perhaps changing it.

### Meetings

Within the context of dealing with the problem, yesterday two health meetings were held to organize the comprehensive vaccination campaign that begins on the 25th of this month, and continues until the 30th.

A meeting was held in Tripoli yesterday morning in the building of the doctors' union to lay down a plan for the vaccination campaign in the city of Tripoli and its district. Taking part in this meeting were Dr. Samir Kabbarah; the district physician, Dr. Muhammad Ghamrawi; the program director for UNICEF, Dr. 'Ali al-Zayn; and officials of the public medical clinics, and of civil, social, scouting, and women's associations.

At the meeting they agreed to hold a series of meetings at the clinics in the regions of al-Qubbah, Abi Samra', al-Tabbanah, and the old and new quarters of Tripoli and in the district to discuss matters pertaining to getting the authorities and clinics in the regions started, beginning on 25 July.

The UNICEF program director, Dr. 'Ali al-Zayn, spoke to AL-SAFIR, saying, "We are working to undertake a campaign to vaccinate against infantile paralysis, with the aim of preventing the occurrence of any cases of the illness. Two cases of it have previously appeared in Tripoli and al-Janub. The second and basic goal is to make this campaign a part of a working strategy that aims to put a final end to infantile paralysis in Lebanon, and I am fully confident that Lebanon is on its way toward accomplishing this task, if this campaign is successful. In addition, routine vaccinations against all diseases will continue. As for the target group, it is children from the age of one day to five years who must take the polio vaccination. UNICEF will provide the vaccination and the equipment needed for it free to all public clinics. In addition, doctors will participate in this campaign in their private clinics."

In response to a question on cooperation by the clinics, Dr. al-Zayn said, "For the past eight years the clinics have been making big efforts that have caused the number of polio cases to fluctuate greatly; in 1992 and 1993 no cases were reported, and in 1994 only two cases have been reported. This is attributable to these efforts, in addition to private medicine."

"Today we believe that these clinics are enthusiastic, which is shared by outside volunteers—from the Red Cross, the Scouts, or university or nursing school students."

For his part, the Tripoli district physician Muhammad Ghamrawi called upon all citizens to vaccinate their children promptly and to cooperate with the clinics. He stressed that vaccinating children is a duty enforceable by law, and he pointed out that there is a criminal clause to be applied against anyone who refuses to vaccinate his children. It will be amicably enforced by internal security and the authorized judicial agencies.

Dr. Ghamrawi said, "The appearance of a case in al-Shamal means that there are several cases that have not yet appeared, and subsequently this threatens all of our children. Therefore all citizens must cooperate with the working medical teams and facilitate their task."

In 'Akkar, the medical center in Halba held a meeting to make preparations for the national polio vaccination campaign, which was announced by the Ministry of Health after two cases of this disease appeared, in al-Janub and Tripoli.

This meeting included officials of the government and civil and private health clinics. It was attended by the district commissioner of 'Akkar, Gaby Haddad; Archbishop Bulus Bandali; Shaykh Khaldun 'Uraymit; the 'Akkar district physician, Dr. Nafidh Ma'alaqi; and representatives of the 'Isam Faris Foundation.

Dr. Ma'alaqi expressed his hope that clubs, societies, men of religion, and clinics will help in bringing this campaign to every child from the age of a day to five years. He was followed by Dr. 'Ali al-Zayn, the health program official for UNICEF, who outlined the main points that had prompted such a campaign as this.

## PAKISTAN

### Government Moves to Expel Foreigners With AIDS 94AS0490A Karachi JANG in Urdu 16 Aug 94 p 3

[Editorial: "Action Against AIDS Infected Aliens"]

[FBIS Translated Text] The minister of state for health announced that several effective steps have been taken to control the AIDS epidemic. All agencies involved in identifying AIDS patients and treating this disease have been alerted. A special checkpoint has been established to stop entry of AIDS patients into Pakistan. By the grace of Allah, Pakistan has been protected from AIDS and most of the cases here have been related to foreigners who were permitted to enter without any check-up. AIDS is a contagious disease and it spreads very fast. That is why strict actions to control AIDS are taken in other countries. It is unfortunate that we have practiced negligence in this area. Anyhow, the government's above-mentioned decision is correct. However, this should not be limited to foreigners. Instead, everyone returning from abroad should be checked. In addition, foreigners living in Pakistan or who have entered here illegally should be investigated immediately, because AIDS can be stopped only by taking such precautionary steps.

### Cholera 'Epidemic' Reported in Chitral

BK0609120494 Islamabad THE MUSLIM in English  
30 Aug 94 p 4

[FBIS Transcribed Text] Chitral, Aug 29—Cholera epidemic has been gripping Chitral for the past few days claiming precious lives, mostly of children below the age of five. Hospital sources are attributing it to lack of clean drinking water in most of the areas of Chitral.

The gigantic water supply scheme initiated by Chitral Area Development Project (CADP) Chitral has recently been commissioned but it would still take time before it becomes available to the citizens. Many villagers are forced to bring water for domestic use from long distances.

A major water supply scheme of public engineering of NWFP [Northwest Frontier Province] for Garamchashma area failed to take off before commissioning. This project costing about more than two million rupees was sublet by the main contractor leading to substandard construction.

The water pipes were not installed according to specifications. When it was pointed out to the relevant authorities they not only ignored this information but also hurriedly approved the project as completed in papers while the ground situation was just the opposite.

It is interesting to note that the project remains completed in papers but on the ground not even a single drop of water is available even for the Civil Hospital Garamchashma, whose needs had to be fulfilled through by this scheme. Most of the pipes have either burst or have been stolen and there is no one who can be held accountable for this destruction of public property.



## RUSSIA

### Cholera Epidemic in Dagestan

#### Meeting Views 'Alarming' Cholera Situation

LD3008183694 Moscow INTERFAX in English  
1650 GMT 30 Aug 94

[FBIS Transcribed Text] The epidemic alert has to be maintained in Dagestan, the Russian government commission under First Deputy Prime Minister Oleg Soskovets agreed at its Tuesday session.

Public Health Minister Eduard Nechayev said that 290 cholera patients and 212 carriers are in hospitals, 15 people have died since June, 535 cholera patients and as many carriers have recovered. Nechayev said that the situation was especially alarming in Chechnya where scores of cases have been reported. The disease may spill over to other regions.

Speakers noted that not all cholera sources have been brought under control, quarantine is lax, violations of entry and exit regulations are widespread. Cholera has been passed on to other areas, notably to Moscow (three cholera cases) and Kalmykia (10 cases).

Yevgeniy Belyayev, chairman of the Sanitary and Epidemics Supervision Committee, told the meeting that strict quarantine had to be imposed around Chechnya. He said that his committee is prepared to see to it that nobody can leave Chechnya without being put under medical surveillance for five days and having to undergo three tests for cholera.

Belyayev said that people coming from neighboring countries need special attention. He explained that 10 plague cases have been registered in Mongolia and that 11 people infected with cholera arrived in Russia from Rwanda and 14 from India.

#### Government Decree on Anti-Cholera Measures

MM3008125794 Moscow ROSSIYSKAYA GAZETA  
in Russian 30 Aug 94 First Edition p 4

[Decree No. 969 of the Russian Federation Government "On Measures To Eliminate Cholera in the Republic of Dagestan," dated Moscow, 20 August 1994 and signed by V. Chernomyrdin, chairman of the Russian Federation Government]

[FBIS Translated Text] In order to implement additional urgent measures to prevent the further spread and eliminate cases of cholera the Russian Federation Governments decrees that:

1. It should be noted that the Republic of Dagestan Council of Ministers, Russian Federation Ministry of Health and the Medical Industry, Russian Federation State Committee for Sanitary and Epidemiological Supervision, Russian Federation Ministry for Civil Defense, Emergencies, and Natural Disasters, Russian Federation Ministry of Railways, and other ministries

and departments are implementing the requisite organizational and practical measures to eliminate pockets of cholera in the Republic of Dagestan and prevent the spread of infection.

At the same time, the epidemiological situation in the Republic of Dagestan remains unsatisfactory and there is a danger of the infection's spreading beyond the confines of the republic.

2. The adoption of additional measures to localize and eliminate pockets of cholera in the Republic of Dagestan is regarded as essential.
3. The Russian Federation Ministry of Health and the Medical Industry, Russian Federation Ministry for Civil Defense, Emergencies, and Natural Disasters, Russian Federation State Committee for Sanitary and Epidemiological Supervision, Russian Federation Ministry of Internal Affairs, Russian Federation Ministry of Construction, Russian Federation Ministry of National and Regional Affairs, and Russian Federal Migration Service are to give the Republic of Dagestan the necessary assistance in recruiting additional manpower and resources to localize and eliminate pockets of cholera and prevent the spread of the disease beyond the confines of the republic.
4. The Russian Federation Ministry for Civil Defense, Emergencies, and Natural Disasters, Russian Federation Ministry of Health and the Medical Industry, and Russian Federation State Committee for Sanitary and Epidemiological Supervision are to supply as quickly as possible all the requisite medicines, disinfectants, and medical equipment and send specialists to carry out urgent epidemic-prevention, treatment, and diagnostic measures in the Republic of Dagestan.
5. The Russian Federation Ministry of Railways and Russian Federation Ministry of Transport, in conjunction with the Russian Federation State Committee for Sanitary and Epidemiological Supervision, are to ensure stricter observance of health and hygiene and epidemic-prevention rules on transport and at stations and airports and identify passengers with symptoms of acute intestinal disease.
6. The Republic of Dagestan Council of Ministers is instructed:

to increase the effectiveness of the measures being adopted to prevent citizens from leaving population centers in the republic where there are recorded cases of cholera without first undergoing a medical examination in hospital and to prevent citizens from leaving other centers without laboratory tests and the issuing of the relevant documents;

the population of territories where there are no reliable systems for sterilizing drinking water and where cases of cholera are being recorded is to be provided as soon as possible with water-purification facilities for individuals or groups of people.



## 7. The Russian Federation Finance Ministry is to:

make provisions for the allocation of the requisite funds for the Republic of Dagestan Council of Ministers in amounts agreed with the Russian Federation Ministry of Health and the Medical Industry and the Russian Federation State Committee for Sanitary and Epidemiological Supervision to cover costs relating to the acquisition of water-purification facilities for individuals and groups of people;

ensure the allocation of the requisite funds to cover costs relating to the implementation of treatment and epidemic-prevention measures to localize and eliminate pockets of cholera in the Republic of Dagestan and prevent the spread of cholera within the limits of the appropriations provided for in the 1994 federal budget for the relevant ministries and departments of the Russian Federation.

## 8. Beginning in the third quarter of 1994, the Russian Federation Ministry of the Economy, Russian Federation Ministry of Construction, and Russian Federation Ministry of Finance are to allocate the requisite capital investments to complete the construction of water supply and sewers in the city of Derbent in the Republic of Dagestan and guarantee funding for them.

## 9. The Republic of Dagestan Council of Ministers, Russian Federation State Committee for Sanitary and Epidemiological Supervision, Russian Federation Ministry of Health and the Medical Industry, Russian Federation Ministry of the Economy, Russian Federation Ministry of Construction, and Russian Federation Ministry of Finance are to devise a targeted state program to provide satisfactory health and epidemiological conditions for the population of the Republic of Dagestan in 1995-1996, which will incorporate priority measures on improving the water supply and sewers in population centers and submit it to the Russian Federation Government in the proper way.

## 10. Organs of executive power in the components of the Russian Federation and of local self-government are recommended to adopt urgent measures to improve sanitation in cities and other population centers, provide the population with high-quality drinking water, and regulate the situation in places of trade and recreation, in stations, at airports, and in other places where people tend to congregate.

## 11. The Russian Federation Foreign Ministry is to inform international organizations of the measures being adopted to eliminate cholera and prevent its spread.

## 12. The Russian Federal Service for Television and Radio Broadcasting, the Russian Federation State Committee for Sanitary and Epidemiological Supervision, and Russian Federation Ministry of Health and the Medical Industry are to keep the population regularly informed about the cholera situation, personal and public measures to prevent acute intestinal diseases, and also measures to localize and eliminate pockets of cholera.

[signed] V. Chernomyrdin, chairman of the Russian Federation Government

**Ministry Briefs Press on Dagestan Cholera Status**

MM0609082594 Moscow SELSKAYA ZHIZN  
in Russian 3 Sep 94 p 1

[Report by Artur Orlov: "Cholera Retreating"]

[FBIS Translated Text] The other day a press conference was held at the Russian Federation Ministry of Health and Medical Industry to discuss the outbreak of cholera in the Republic of Dagestan and the measures being taken to eradicate it. Russian Health Minister Eduard Nechayev stated that cholera has currently been recorded in 26 administrative territories and cities, including Makhachkala. Worst hit have been Shamilevskiy, Kayakentskiy, Derbentskiy, Gergebilskiy, and a number of other rayons, as well as the cities of Izberbash and Derbent. There is a real threat that the disease could spread to neighboring parts of the North Caucasus and Azerbaijan.

Cholera has also spread beyond the republic—there have been three cases in Moscow, two in the Republic of Kalmykia, and two in Stavropol Kray, which, as a result of timely measures, have not spread any further. A great deal of counterepidemic work involving around 5,000 doctors and 15,000 other medical staff is currently being done in the administrative territories and cities affected by the virus [as published]—1,520 specialized beds have been set up to treat patients and cure the carriers. Daily door-to-door checks are being carried out to identify, isolate, and treat patients with acute intestinal diseases.

The Russian Ministry of Health and Medical Industry has sent large consignments of medicine to the republic. As a result of a range of measures taken in the republic over the past two weeks, not a single person has died of cholera. Fifteen people have died since the epidemic began—of these, nine were over 65 and had severe complications, which were the main cause of death. Two hundred ninety-one cholera cases are receiving inpatient treatment, and 548 people have been cured.

Apart from anything else, the problem with combating cholera is that many of the Republic of Dagestan's population centers do not even have any primitive equipment for purifying drinking water. Moreover, the doctors are having to combat instances where the locals try to keep cases secret or refuse treatment. Nonetheless, despite all the complexity of the situation, it is under control in the overwhelming majority of cases, and all possible measures are being taken to ensure the speediest end to the epidemic.

**Health Minister Outlines Anticholera Measures**

MM0209120094 Moscow KRASNAYA ZVEZDA  
in Russian 2 Sep 94 p 3

[Report by Petr Altunin: "Minister Promises To Get Cholera Under Control. Major Medical Efforts Have Been Thrown Into Eliminating It"]

[FBIS Translated Text] Initial reports of the appearance of cholera in Dagestan did not entail any particular alarm: They said that some pilgrims had gone on the hajj to the United Arab Emirates and had become infected en route.

After that there was a certain lull as regards information. But two months went by. The cholera spread beyond Dagestan—it spread to Kalmykia, and was detected in Moscow, Chechnya, and other regions in Russia.

To be honest, cholera had not yet been forgotten in Russia. In the past the epidemic took tens of thousands of lives, including in Moscow and St. Petersburg, and there were recurrences of this disease even in Soviet times. But today, with the present poor social protection of the people (poor nourishment, stress, and so on) and health protection problems, if we do not firmly check this illness, the consequences may be extremely serious.

That was the subject of a press conference in the Ministry of Health and the Medical Industry, with the participation of Health Minister Eduard Nechayev; his deputies; Valentin Pokrovskiy, president of the Russian Academy of Medical Sciences; and representatives of the State Committee for Sanitary and Epidemiological Supervision.

Why was the alarm not sounded during the first outbreaks of cholera? Answering this question, Eduard Nechayev admitted openly: There were hopes that the "isolated cases" could be stamped out straight away, and that the State Committee for Sanitary and Epidemiological Supervision, which has now become "sovereign," would cope on its own. But the situation turned out to be such that the whole might of Russian medicine had to be brought to bear on it.

The minister cited the 30 August figures: A total of 854 people affected with cholera had been registered, as well as 15 people who had died of it or accompanying illnesses. There are now 291 patients in inpatient care, and 548 have recovered. In Moscow there have been 20 cases of the illness, and there are six people in hospital at the moment.

According to the minister, now that the "thunderclap" has been heard throughout the country, comprehensive and serious measures are being taken, which will make it possible to get the cholera under control. The Ministry of Health and the Medical Industry has pooled its efforts with the Ministry for Affairs of Civil Defense, Emergency Situations, and Elimination of Natural Disasters. A medical headquarters for the fight against cholera has been set up. A total of 5,000 doctors and 15,000 medium-skilled medical personnel are involved in providing for sanitary-preventive and treatment measures, and 1,520 specialized beds have been made available. Specialists from Moscow, Volgograd, and other cities have been sent to Dagestan. The republic has been supplied with plenty of saline solution, antibiotics, laboratory equipment, and chlorine-containing preparations—to the tune of 1,150 million rubles. A total of 1,100 doctors, interns, postgraduate students, and senior-grade medical students are carrying out daily rounds in cities and villages in Dagestan, identifying the sick. A Russian Federation government decree was adopted 20 August on measures to eliminate cases of cholera in Dagestan, which is intended to coordinate the efforts of ministries and departments in the fight against cholera in the republic and prevent its further spread.

The minister was asked the question: Are there any cases of cholera in the army? There have been no cases, he answered, but we must not stop being vigilant.

#### **Dagestan Cholera Blamed on Mecca Pilgrims, Bad Sanitation**

*MM2009161894 Moscow ROSSIYSKIYE VESTI  
in Russian 20 Sep 94 p 2*

[Report by Oleg Zolotov under the "From the Scene of Events" rubric: "Cholera on Wheels. ROSSIYSKIYE VESTI Special Correspondent Oleg Zolotov Has Been to a Hotbed of Cholera"]

[FBIS Translated Text] Local hospitals are overflowing and sometimes accommodating twice as many patients as they are supposed to.

"The situation in the republic remains very difficult," Dagestan Health Minister Ibragim Ibragimov admitted. "Unfortunately we are unable to achieve an overall stabilization. As soon as the medics extinguish a hotbed in one rayon, one arises in another rayon. So physicians are making daily rounds of households. Given the slightest suspicion of cholera, a patient is hospitalized."

The outbreak of the epidemic in the republic is being linked with the Muslims' pilgrimage to Mecca. This year alone approximately 5,000 Dagestanis have made the "hajj" to the holy places in Saudi Arabia. The first cholera patient registered here was actually a pilgrim. The point is that many people now set out for Saudi Arabia by private transport. Bunk beds are installed in the bodies of Russian KaMAZ trucks. Under terribly insanitary conditions 20-30 pilgrims make the long journey, which passes through two countries that are bad in terms of cholera—Iran and Turkey.

Malaguseyn Shikmagomedov, mullah of Babayurtovskiy Rayon, has also had this dangerous disease. Medics transfused over 60 liters of saline solutions into him.

"Cholera has taken the life of my son, who made the 'hajj' this year," he said. "Taught by my own bitter experience, in the course of every sermon I urge believers to observe the norms of hygiene and the physicians' recommendations...."

Urgent measures are now being taken in Dagestan to prevent the disease from spreading to other regions. It is hard to judge how effective they are. There are, let us assume, checkpoints on the roads which must not let people pass without the appropriate documents. But you only have to move 20 meters to the left or the right, and nobody will stop you. It is also possible to carry food in a vehicle: All you have to do is pass a militiaman two or three hundred thousand rubles. Lines of trucks laden with fruit travel with militia protection along the republic's roads from Azerbaijan into Russia. For appropriate payment Dagestani traders join them and head for the Russian Federation.

The situation in Dagestan is also complicated by its proximity to Chechnya. There is cholera there too, although the scale of the epidemic in that republic is being kept secret.

But by all accounts it is considerable. According to inhabitants of Babayurtovskiy Rayon, which borders on Chechnya, in some villages there are 20-30 people ill with cholera symptoms.

With the coming of fall and the cold weather the cholera should decrease. But there are few people now who doubt that everything will be repeated next year unless the domestic sanitation situation in the republic can be changed.

#### **Toll in Dagestan 1,077 on 16 October**

LD1610092394 Moscow ITAR-TASS in English  
0828 GMT 16 Oct 94

[By ITAR-TASS correspondent Igor Deyev]

[FBIS Transcribed Text] Moscow October 16 TASS—A total of 1,077 cholera patients and 1,175 vibrio carriers have been registered in Dagestan since the outbreak of the epidemic in mid-June. ITAR-TASS was told at the Russian emergency situations ministry. By now 29 cholera patients and 52 vibrio-carriers are being treated in hospitals. One cholera case and one vibrio-carrier have been identified in the republic over the past 24 hours.

Nine suspect cases have been hospitalized in Dubovsk, Rostov region, with cholera confirmed in two. One suspect case was reported in Rostov-on-Don and one in Magnitogorsk.

#### **'Nontoxic' Cholera Vibrio Detected Near Saratov**

MM0209115394 Moscow PRAVDA in Russian 2 Sep 94 p 2

[Report by Aleksey Vorotnikov: "Water Sample Has Caused Concern"]

[FBIS Translated Text] Saratov—A nontoxic cholera vibrio has been sifted out of a water sample taken from the Volga River in the region of Saratov. It is good that it is, at least, nontoxic. But medical personnel are nonetheless alarmed: All patients suspected of having intestinal infections have been placed under strict monitoring. The oblast administration has even issued a special decree.

In particular, street trading in perishable foodstuffs is banned. It has been decided to provide preventive medicine establishments with the necessary medical supplies and to examine every aircraft arriving from Makhachkala. It is planned to organize medical observation of persons arriving from "unfavorable" countries in terms of the incidence of cholera.

#### **Vladivostok at Risk From 'New' Cholera Vibrio**

MM0609141594 Moscow SELSKAYA ZHIZN  
in Russian 6 Sep 94 p 1

[Unattributed report under the "From the Chronicle of These Days" rubric: "Cholera Vibrio Discovered"]

[FBIS Translated Text] A cholera vibrio has been discovered in the mouth of the Sedanka River, which flows from a reservoir which supplies Vladivostok with drinking water. According to information from the city sanitation and

epidemiology center, it is not a very virulent vibrio, i.e. it is not particularly active but might become more active in certain conditions. The population of Maritime Kray has been warned by radio of the danger of using unboiled water in food preparation and bathing in nearby bodies of water.

#### **Dagestan Cholera Blamed on Mecca Pilgrims, Bad Sanitation**

MM2009161894 Moscow ROSSIYSKIYE VESTI  
in Russian 20 Sep 94 p 2

[Report by Oleg Zolotov under the "From the Scene of Events" rubric: "Cholera on Wheels. ROSSIYSKIYE VESTI Special Correspondent Oleg Zolotov Has Been to a Hotbed of Cholera"]

[FBIS Translated Text] Local hospitals are overflowing and sometimes accommodating twice as many patients as they are supposed to.

"The situation in the republic remains very difficult," Dagestan Health Minister Ibragim Ibragimov admitted. "Unfortunately we are unable to achieve an overall stabilization. As soon as the medics extinguish a hotbed in one rayon, one arises in another rayon. So physicians are making daily rounds of households. Given the slightest suspicion of cholera, a patient is hospitalized."

The outbreak of the epidemic in the republic is being linked with the Muslims' pilgrimage to Mecca. This year alone approximately 5,000 Dagestanis have made the "hajj" to the holy places in Saudi Arabia. The first cholera patient registered here was actually a pilgrim. The point is that many people now set out for Saudi Arabia by private transport. Bunk beds are installed in the bodies of Russian KaMAZ trucks. Under terribly insanitary conditions 20-30 pilgrims make the long journey, which passes through two countries that are bad in terms of cholera—Iran and Turkey.

Malaguseyn Shikmagomedov, mullah of Babayurtovskiy Rayon, has also had this dangerous disease. Medics transfused over 60 liters of saline solutions into him.

"Cholera has taken the life of my son, who made the 'hajj' this year," he said. "Taught by my own bitter experience, in the course of every sermon I urge believers to observe the norms of hygiene and the physicians' recommendations...."

Urgent measures are now being taken in Dagestan to prevent the disease from spreading to other regions. It is hard to judge how effective they are. There are, let us assume, checkpoints on the roads which must not let people pass without the appropriate documents. But you only have to move 20 meters to the left or the right, and nobody will stop you. It is also possible to carry food in a vehicle: All you have to do is pass a militiaman two or three hundred thousand rubles. Lines of trucks laden with fruit travel with militia protection along the republic's roads from Azerbaijan into Russia. For appropriate payment Dagestani traders join them and head for the Russian Federation.

The situation in Dagestan is also complicated by its proximity to Chechnya. There is cholera there too, although the



scale of the epidemic in that republic is being kept secret. But by all accounts it is considerable. According to inhabitants of Babayurtosvkiy Rayon, which borders on Chechnya, in some villages there are 20-30 people ill with cholera symptoms.

With the coming of fall and the cold weather the cholera should decrease. But there are few people now who doubt that everything will be repeated next year unless the domestic sanitation situation in the republic can be changed.

#### **Ministry Reports on Cholera, Dysentery, Diphtheria**

LD2609091494 Moscow ITAR-TASS in English  
0832 GMT 26 Sep 94

[By an ITAR-TASS correspondent]

[FBIS Transcribed Text] Moscow September 26 TASS—Seven cholera patients and nine vibrio-carriers were registered in Daghestan [Dagestan] over the past 24 hours, the Russian Ministry for Emergency Situations told ITAR-TASS. The cities of Novosibirsk and Barnaul reported one cholera case each, Omsk three cases and three vibrio-carriers.

A total of 1014 cholera patients and 1081 infection-carriers were registered in Daghestan since the epidemic breakout. A majority of patients have recovered.

143 people with the diagnosis of dysentery were hospitalized in the Kemerov region's Chernyz village, 50 of them children. The diagnosis was confirmed in 112 cases, including 44 children. In the Orenburg region's Onopriyevko and Ibragimovo villages 60 dysentery patients were hospitalized, 36 of them children.

44 diphtheria patients and 22 bacteria-carriers of this disease are undergoing in-patient treatment in Sochi hospitals.

As a result of diphtheria breakout in a boarding school of the Novgorod region's Shimsk city 43 children fell ill and 31 cases of bacteria-carriers were found, including one among the serving staff.

#### **Lviv Oblast Tightens Up Measures To Fight Cholera**

MM0410125594 Moscow RABOCHAYA TRIBUNA  
in Russian 4 Oct 94 p 1

[Report by Yuriy Kirillov: "People in Lviv Area Now Dying of Cholera"]

[FBIS Translated Text] Roman Pavliv, the oblast's chief sanitary inspector, has reported that Lviv Oblast has joined the list of Ukrainian regions most affected by cholera. A 42-year-old man has just died. Apparently he had treated himself to a sprat that had come from Kirovograd Oblast. Patients include people of various ages, in particular a 28-year-old pregnant woman and a four-year-old boy....

Doctors have more than 70 people under constant observation. A 250-bed cholera hospital has been organized in Lviv. A special commission has declared an epidemiological emergency and has adopted measures to localize the

cholera. Law-enforcement organs are conducting operation "Vibrio." More than 300 homeless people have been detained. All water sources are swiftly being made sanitary. Around-the-clock militia posts on the oblast's main highways are monitoring foods coming in and going out.

#### **Cholera, Anthrax, Other Diseases on Increase in Rostov**

MM1710113094 Moscow PRAVDA in Russian  
15 Oct 94 p 2

[Report by correspondent Marlen Kryukov: "No Bath Is Bad News"]

[FBIS Translated Text] Rostov-na-Donu—Rostov Oblast has joined the blacklist of oblasts where cholera has appeared. It was brought in by a family arriving in Dubovskiy Rayon from Groznyy. The diagnosis has been confirmed in two patients. The family has been in contact with dozens of people. They are all under investigation. A cholera sufferer has also been discovered on a farm in Azovskiy Rayon. And another misfortune—a fitter from a sovkhos has been hospitalized at the Ust-Donetskiy Rayon Hospital. He has anthrax.

In Rostov itself there is a high incidence of jaundice and salmonellosis. More people have begun to contract tuberculosis and scabies. Diphtheria is setting in. Since the beginning of the year 720 cases of that disease have been recorded. And more than half the sufferers have been children. Alas, 25 people have died, including 11 children.

There are many factors behind this situation. People are unsettled, and it tells. There are not so many opportunities to maintain personal hygiene. Not everyone can even afford to go to the bathhouse. Incidentally, there are not many bathhouses left in the city. Soap is expensive. There are many refugees in the oblast. And they find it harder than anyone to look after themselves. Many rodents have bred in the city. The hygiene and epidemiology center warns that the tap water is not safe to drink. It contains many dangerous contaminants and infectious disease pathogens. In short, everyone must keep a sharp lookout. When there are troubles in the country, as a rule diseases attack from all sides.

#### **Diphtheria Epidemic 'Real Threat' in Syktyvkar**

LD1109111694 Moscow ITAR-TASS World Service  
in Russian 0940 GMT 11 Sep 94

[By ITAR-TASS correspondent Viktor Makarov]

[FBIS Translated Text] Syktyvkar, 11 Sep—Syktyvkar [capital of the Komi Republic] faces a real threat of a diphtheria epidemic. Over 30 people contracted this highly infectious illness in the first days of September alone. Since the beginning of the year, 350 cases have been registered in the town, two of which were fatal. In comparison, last year there were only five cases of people contracting diphtheria.

The town's medical staff is taking emergency measures to stop an onslaught of the disease. Vaccinations are being given on a mass scale and more information about the disease is being given at work and at home through the media.



**Diphtheria Epidemic Threatens Maritime Territory***LD2009083594 Moscow ITAR-TASS in English  
0812 GMT 20 Sep 94**[By ITAR-TASS correspondent Eduard Popov]*

[FBIS Transcribed Text] Vladivostok September 20 TASS—There is a real danger of a diphtheria epidemic in the Maritime territory of the Russian Far East. According to information released by the territorial public health board, the number of people afflicted by this dangerous disease has doubled as compared to 1993. As many as twenty people have died of diphtheria in the territory over the past eight months.

ITAR-TASS was told by Yuriy Selyutin, chief of the territorial public health board, that the main reason for the spread of the disease is the unwillingness of many parents to have their children inoculated against diphtheria. They fear that the syringes may not be properly sterilised. Due to this, most of the diphtheria patients are children aged below 15.

A coordination anti-diphtheria council has been set up in the territory. It includes representatives of all the local medical services. They daily check the epidemic situation in various districts of the territory and render urgent aid, whenever necessary, to diphtheria patients. The anti-epidemic measures also include the purchase of disposable syringes in South Korea.

**Diphtheria Cases Reported in Sochi***LD2609115494 Moscow ITAR-TASS in English  
1034 GMT 26 Sep 94**[By ITAR-TASS correspondent Irina Scegoleva]*

[FBIS Transcribed Text] Sochi 26 Sep (TASS)—A 13-year-old girl has died of diphtheria in the resort city of Sochi.

The Sochi sanitary and epidemic prevention centre told ITAR-TASS today that so far about 70 people sick with the disease or carrying the vibrio have been found this month, where as in August their number was 33.

The Sochi civil defence and emergency situations headquarters gave the following figures to ITAR-TASS: currently there are 16 diphtheria patients and 3 vibrio-carriers undergoing in-patient treatment in the central district hospital, and 31 patients (12 adults and 19 children) and 15 vibrio-carriers (7 adults and 8 children) in the Adler hospital of infectious diseases.

The situation is reported to be the worst in the Adler district of the city. According to Valentina Shmakovaya, a doctor from the city sanitary and epidemic prevention centre, the situation is worse here because this district borders with neighbouring Abkhazia. So called "carriers" regularly keep coming to trade in Adler from the republic the economically depressed Abkhazia. They stay with their relatives and acquaintances, come in contact with many people, and quite often do not register themselves. For this reason it is becoming increasingly difficult to track the source of infection.

Epidemiologists from Sochi are taking urgent measures to localize the diphtheria breakout. Preventive measures, mainly inoculation, are being taken in the city.

**Sanitary and Epidemiological Inspectorate Threatens Strike***MM1909122394 Moscow RABOCHAYA TRIBUNA  
in Russian 17 Sep 94 p 1**[INFORMKONTAKT report: "Hostages of Absurd Economy"]*

[FBIS Translated Text] Chukotka—The collective of the Bilibino state sanitary and epidemiological inspectorate, Chukotka Autonomous Okrug, have announced they are on pre-strike alert. The Chukotka physicians have been obliged to resort to this extreme measure because of lack of money: They have received no wages for three months now. The state now owes them 64 million rubles.

People do not know what to live on or what to use to go on leave and they cannot travel to the mainland even in emergencies. Frequent appeals to the local administration, Russian Federation Government, and State Duma have remained unheeded.

**Physicians Discuss Resurgence of Tuberculosis***MM2309095094 Moscow ROSSIYSKAYA GAZETA  
in Russian 20 Sep 94 First Edition p 2**[Report by Oleg Zlobin: "Tuberculosis Still a Threat"]*

[FBIS Translated Text] Saratov—Around 1,000 doctors from Russia and abroad participated in the congress of phthisiologists held in the Volga Region capital.

The main theme at this medical forum in Saratov was an age-old disease which, you would have thought, mankind had already seen the last of—tuberculosis. This disease has taken on new forms resistant to medical preparations, and today it has become one of the most terrifying infections, taking the lives of many people.

Saratov Oblast is known to be at a disadvantage in terms of incidence of tuberculosis. This is brought about by its close proximity to Kazakhstan, where the number of patients is between four and five times greater than in Russia. The migration of refugees from Asia is also taking its toll. Serious concern has been expressed by Russian phthisiologists over an upsurge in infection among prisoners. The following figures were heard at the congress: In prisons today the number of people with tuberculosis exceeds that in the population at large by a factor of between 10 and 20.

**Jaundice Epidemic at Transbaykal Border Guard District***LD0710044594 Moscow ITAR-TASS World Service  
in Russian 0337 GMT 7 Oct 94**[By ITAR-TASS correspondent Andrey Fomin]*

[FBIS Translated Text] Chita, 7 Oct—The outbreak of an epidemic of jaundice has been registered in the Priargunskiy border guard detachment of the Transbaykal border guard district. It was reported to ITAR-TASS at the Chita oblast

sanitary and epidemiological surveillance center that today approximately 200 servicemen who have been diagnosed as infected with the hepatitis "A" virus were hospitalized there. At the present time, civilian and army doctors are taking every measure to prevent the spread of the disease beyond the military unit. According to unofficial information, the epidemic has been caused by poor quality water. It is not being ruled out that fecal sewage has gotten into the drinking water.

**Expert Cited on Plague Threat in North Caucasus**

MM0310104994 Moscow IZVESTIYA in Russian  
1 Oct 94 p 2

[Report by Nikolay Gritchin: "Russia Fears Plague from India But There Is a Threat of Being Infected with Its Own Plague"]

[FBIS Translated Text] Stavropol—Unprecedented preventive measures were taken when meeting the passengers who arrived on a flight from Delhi at Mineralnyye Vody airport on the morning of 29 September. All 60 people had their temperature taken. Each of the travelers gave a detailed description of his state of health to a health team and stated which Indian states and cities he had visited. While the aircraft was still airborne, on orders from the ground the stewardesses took down the passengers' home addresses and each of them will be under doctors' observation for a week at their place of residence.

These procedures now await all travelers arriving in Stavropol's border city from the plague-stricken country. People with the slightest sign of illness or who have visited states where there is a danger of plague will be isolated.

Stavropol's old-timers remember what plague is. In 1936 this infection broke out in the kray's Eastern section, affecting about 100 people, most of whom could not be saved. The terrible disease visited neighboring areas later. The last person to be infected was registered relatively recently—in 1976, in Kalmykia. In the Soviet state isolated from the outside world there was virtually no danger of infection being imported. Its source was in local natural seats which, in scientists' opinion, have existed here since time immemorial independently of man. Rodents living here fall ill with plague and their fleas transmit the infection. In the North Caucasus six of Russia's 11 known natural seats of infection are concentrated in a relatively small area. In scientists' opinion even today they are the main danger to Russians.

"Since the start of this year the antiplague service has identified 135 strains of plague pathogens from rodents and their fleas in the North Caucasus region," says Georgiy Grizhebovskiy, chief of the Stavropol antiplague scientific research institute's epidemiological department. "That is over half the 'finds' on all Russian territory."

Georgiy Grizhebovskiy is perturbed by the fact that in the past two years there has been a marked expansion of the area on which plague microbes have been discovered. This year their presence was recorded in Karachayevo-Cherkassia, Kabardino-Balkaria, and the mountainous and valley areas of Dagestan and Kalmykia. Contrary to specialists' assertions

that the territory of Stavropol Kray is entirely uncontaminated, for the first time in nearly 50 years the pathogen was detected and Grizhebovskiy links this to a natural cycle.

As for the danger of humans being infected, in the opinion of my interlocutor it has increased considerably today. He includes among the increased risk factors the mass migration of the population, the redeployment of troops, the provision of facilities at borders, new conditions of economic management under which entrepreneurs and private farmers have no interest in publicizing instances of infection, and the development of profit-making trades. For instance, recently several tradesmen engaged in the trapping of gophers, whose fur earns them quite a good living. But in their natural habitat these little animals are very often infected with plague. Bans on trapping them do not deter resourceful people.

Grizhebovskiy also calls the zones of armed conflicts a heightened risk factor. For several years now there have been no epidemiological investigations or preventive measures on the territory of Chechnya, where there is a natural seat of plague. Even more alarming is the fact that the Chechen Republic authorities keep secret any information concerning infections on their territory. Nor has any epidemiologist set foot this year on the land of natural seats of disease in Ingushetia and North Ossetia, where it has become dangerous to work.

All this causes the institute's scientists to produce an unfavorable forecast for next year and subsequent years.

A whole cluster of particularly dangerous infection with natural seats there or which are endemic (inherent in a particular locality) is concentrated in the North Caucasus and in addition to the plague and cholera mentioned above [as published] they include tularemia, brucellosis, anthrax, and leptospirosis. A South Russian epidemiological center is needed, as are equipment for the emergency diagnosis of infections, and medical immunobiological and diagnostic preparations. We must prepare to meet the advancing infection.

**Epidemics Threat in Armed Forces Seen**

MM3009115394 Moscow KRASNAYA ZVEZDA  
in Russian 29 Sep 94 p 1

[Article by Ivan Ivanyuk: "Epidemics Do Not Threaten the Armed Forces at Present. But Still There Is Cause for Alarm"]

[FBIS Translated Text] We have gotten to the point where plague, cholera, other misfortunes, and a whole slew of purely abstract curses have migrated into very specific news summaries. Dagestan, Crimea, Ukraine, and Maritime Kray are reporting on by no means isolated cases of dreadful diseases which mankind is still not able to conquer finally. Thus, the sanitary-epidemiological situation in the country is now being ranked with the burning problems which must be resolved without delay.

The best medical forces have been involved one way or another in this work. But are these efforts sufficient? On the basis of research going back many years scientists have

proved that a person's health is 50-55 percent dependent on his way of life and, thus, largely dependent on social and domestic conditions; 20-25 percent dependent on ecology; 10-15 percent dependent on heredity; and just 10-15 percent dependent on the state of health care.

The problem of the sanitary well-being of cities and villages can be resolved only as a package, proceeding from the need to strengthen people's health. Precisely this approach was made the basis of a check on the sanitary-epidemiological state of military camps and places where military units are stationed, which was organized by the Defense Ministry Main Military Medical Directorate jointly with the Directorate of the Chief of Rear Services of the Russian Federation Armed Forces. On 12 August this year Russia's minister of defense signed Directive D-45 based on the results of that check.

It points out that the sanitary-epidemiological situation in the Armed Forces remains complex and is tending to worsen. Among the main reasons for the growing sickness rate among personnel it names serious shortcomings in material and domestic provision for people and the low level of discipline—a consequence of inefficiency and laxity on the part of individual officials.

This is an assessment of fundamental importance. The tragedy that occurred on Russkiy Island, which exposed glaring problems in the organization of service and life in several subunits, is still fresh in the public consciousness. The results of the court investigation involving those to blame for that extraordinary occurrence are well known. Almost the most severe punishment was reserved for two military doctors—which could create the false impression that these are the people among the troops who must be held chiefly responsible if sanitary welfare has been violated somewhere. At the same time no commander (chief) and no service must be aloof now from tackling problems of protecting servicemen's health as a very important condition of the Armed Forces' combat readiness.

The check showed that last winter, in connection with the bad preparation of barracks for use in winter conditions and the unsatisfactory supply of winter clothing, there was an appreciable increase in the level of catarrhal illnesses in the Far Eastern, Transbaykal, Siberian, and North Caucasus Military Districts, at Leningrad Naval Base, and in the Pacific Fleet. In the Armed Forces as a whole up to 200 military units are unable to ensure compliance with the regulation norms for personnel accommodation, more than 180 experience a water shortage, and the water in many garrisons fails to meet standards with regard to microbiological indicators—which increases the risk of infectious diseases.

#### Ministry Report Shows Increase in Child Mortality

LD0809115794 Moscow *ITAR-TASS World Service*  
in Russian 1002 GMT 8 Sep 94

[By *ITAR-TASS* correspondent Liliya Kuznetsova]

[*FBIS* Translated Text] Moscow, 8 Sep (*ITAR-TASS*)—In Russia in recent years there has been a rise in infant mortality and the number of accidents, various forms of

poisoning, murders, and suicides among children and adolescents has increased significantly. This is demonstrated by information in an annual report by the Russian Federation Ministry for Social Security on "The position of children in the Russian Federation."

The figures show that last year alone, out of every 1,000 newborn babies, 20 did not survive a year. The child mortality rate in the countryside is 11 percent higher. This problem is particularly bad in the Republic of Tyva where 36 out of every 1,000 infants die.

The problem is exacerbated by the fact that infant mortality is rising against the background of a catastrophic drop in the country's birth rate. At present, 100-150 percent more infants die each year before they reach their first birthday than in the United States, Germany, or Britain. And the national mortality rate of children aged between one and four is three times higher than in the majority of economically developed countries.

More and more children are dying as a result of various forms of poisoning, accidents, and injuries, the report notes. The number of murders and suicides among adolescents is increasing. Moreover, there is a 50 percent greater chance of boys being killed than girls. They are also five times more likely than girls to commit suicide.

#### Aspects of Increased Mortality Pondered

MM0809134594 Moscow *RABOCHAYA TRIBUNA*  
in Russian 6 Sep 94 pp 1-2

[Article by Viktor Ukolov: "It Is a Rare Guy in Rus Who Will Live To Draw His Pension. *RABOCHAYA TRIBUNA* Has Received a Statistical Report Resembling Reports of Military Operations"]

[*FBIS* Translated Text] A man can only die once!—this is a Russian proverb, coherent and graphic.... Only is it comforting? Before an attack, at the front, maybe it is, but in civilian life and in ordinary conditions, it is very doubtful. It was painful to learn that, in the assessment of the State Committee for Statistics, the average life expectancy of a man in Russia is 59.1 years (not attaining pension age), whereas in the majority of developed countries it is in excess of 70 years.

These figures come from an analytical review of the state of health of the Russian Federation's population prepared by the "MedSotsEkonInform" Science and Production Association. The brochure was published by decision of the organizing committee of the All-Russia Festival of Protection Against Ecological Danger. The festival is over, but the problems remain, alas. They must be resolved and must not be hushed up, for the number of Russians is falling with every passing year.

#### Nothing But Cabbages in the Cabbage Patch

At home, do you have a baby yelling on the other side of the wall? I do not. But I remember how they used to be everywhere! Both upstairs and behind the dividing wall.



They did not let me sleep, and I was even furious with my neighbors. Now things are quiet, for they have grown up. Things have become boring.

Over to statistics. During the period from 1983 through 1987 the number of newborn babies in Russia reached 2.5 million. It has now fallen to 1.4 million. Throughout the postwar period we have not been so indifferent to the question of our posterity. Have the men slipped up, have the women lost interest—what is going on?

Statistics know all the answers. There is a single cause: In the early eighties the government took substantial measures to help families with children. At that time everyone became keen on making babies, with the result that many family couples exhausted the plans in this regard in full and ahead of schedule. The second obstacle is that the present economic crisis is forcing people to postpone marriage. Therefore, however hard you look for a baby in a cabbage patch, there are only cabbages there.

When it comes right down to it, these are the consequences: During 1992-1993 the population of Russia fell by more than 900,000. At the same time the depopulation processes are developing in Russia's main ethnos—the Russians.

#### Murderous Statistics

Forgive the inappropriate irony, but the present high cost of funerals ought to restrain our fellow citizens from making a hasty departure to the next world. But during last year alone a Russian man's life expectancy fell by 3.6 years, and a Russian woman's by two years.

There is a saying that if you had known where you would fall, you would have spread out straw beforehand. Maybe some people will benefit from an analysis made by scientists:

Practically half of the Russian population's labor losses are accounted for by deaths from traumas and poisonings—a structure characteristic, rather, of wartime; diseases of the blood circulation account for 10.4 percent of lives cut short; illnesses during the perinatal period (infant mortality) account for 9 percent; neoplasms (cancer) account for 7.1 percent.

In line with inflation, life in our country really is worth a kopek. In the space of just one year the growth rate for labor losses caused by murders increased sixfold for men and sevenfold for women.

Alcohol is also stifling Russians in a geometric progression. Women are noticeably overtaking men for alcohol-related deaths.

The state of the environment is increasing the swiftness and vigor of cancer. There is increased background radiation over considerable Russian territory, while land, water, and atmospheric pollution exceeds by many times the level that can be tolerated. And, just think, this is so everywhere.

#### If Not Tuberculosis, You Will Contract Syphilis

A dash is placed between a person's dates of birth and death. It is annoying when this little line appears to cancel out his

life: He did not have, did not participate, did not accomplish.... This is still more annoying: He would have liked to live a full life, but fate clipped his wings.

Sociologists paint a black picture of the state of the nation's health. It is as though infections have broken free of any restraint: The incidence of measles and diphtheria has tripled in the space of a year (the present cholera has not yet been included in the statistical accounts). Tuberculosis started to grow in 1991—26 percent in three years—and primarily affects children.

The growth in the incidence of venereal diseases has had no precedent at all for a number of decades. During 1993 alone 50 percent more syphilis cases came to light than in the previous year. Children and teenagers get infected, and above all they pass the infection on.

Our "flowers of life"! Unhappy young folk; they pursue the accessible "joys of existence"—far from everyone can afford a Snickers. An anonymous questionnaire in Moscow showed that one schoolgirl in every 10 and 42 percent of girl students at vocational and technical schools were sexually experienced. One in three of these had gotten pregnant. One in five of these had had an abortion. Of these, 59.4 percent had had complications following the abortion. Will they later become mothers? It is doubtful.

In Russia in general 65.3 percent of all pregnancies end in abortions. The "fair half of the human race" suffers and is crippled.

From being an exotic vice, drug addiction has become an everyday, dirty, and terrible one. During 1993 alone it made off with 83 percent more of our compatriots than in 1992.

It turns out that some infection, or a mugger, or a job which plays the part of a trap awaits the Russian around every corner. Is it possible to "spread out straw" everywhere? Of course, there is no harm in precautions, but here is a piece of practical advice: Don't put off making your will.

For the information of the authorities and the reconstructors of Russia: Average life expectancy is the most important integral indicator recommended by the WHO as the criterion of the state of health and the living standard of the population of a particular region. All the "historic gains" of our new leaders are mirrored in statistics.

### BELARUS

#### Case of Cholera Reported in Mogilev

WS1209134294 Minsk BELAPAN in English  
1345 GMT 12 Sep 94

[FBIS Transcribed Excerpt] On the night of September 10, a passenger (inhabitant of Mogilev) with the obvious symptoms of cholera was withdrawn from fast Kishinev-Sankt-Petersburg train No. 62 in the town of Zhlobin (Gomel region). He was returning from Turkey. The carriage with all its passengers was stopped for observation in Mogilev. The sick man was hospitalized. In his opinion, he had caught the cholera when drinking water of questionable quality in Turkey. [passage omitted]



**Situation on 'Cholera Front' Said Improving**  
WS2609140494 Minsk ZVYAZDA in Belarusian  
22 Sep 94 p 3

[Report by Ihar Hryhoryew: "Cholera Gives Up"]

[FBIS Translated Text] As the Department of Particularly Dangerous Infections at the Belarusian Center of Hygiene and Epidemiology has reported, the situation on the Belarusian "cholera front" is improving. Only five carriers of the cholera virus from Mahilyow and one patient from Zhlobin are currently hospitalized. Moreover, the latter feels well and is already getting ready for release—after three medical examinations (two have already been conducted) he can say goodbye to the hospital.

People who came into contact with the carriers and the patient have also been examined. They have tested negative for the cholera virus.

**Health Ministry Says Disease Rate Tripled Since Chernobyl**

WS0809084894 Minsk Radio Minsk Network  
in Belarusian 0700 GMT 8 Sep 94

[FBIS Translated Text] The Belarusian Ministry of Health Protection compiles yearly reports on increases in diseases and the deterioration of all demographic indicators, as compared to 1985 [last full year before the Chernobyl nuclear accident]. As has become known to RID [Advertising Information Digest], the overall instances of disease have increased more than threefold, the birth rate in Belarus has gone down by 25 percent, while in Minsk—by 36 percent.

**Syphilis Cases Number as Many Today as 50 Years Ago**

LD0209174094 Moscow INTERFAX in English  
1332 GMT 2 Sep 94

[FBIS Transcribed Text] Nearly 70 people contract syphilis in Belarus daily. Valentin Pankratov, chief skin specialist and venerologist in the Belarusian Public Health Ministry, told Interfax that the incidence of the disease in Belarus was as high as 50 years ago when as many as 6,000 patients were registered annually.

He said that syphilis always rose its head at times of economic breakdown, falling morals and mass prostitution.

## ESTONIA

**Cholera Bacteria Suspected at Tallinn Beach**  
94P21086A

[FBIS Editorial Report] According to articles by Jorma Rotko and Niko Palosuo in Helsinki HELSINGIN SANOMAT of 27 July, Tallinn health inspectors claimed to have found cholera bacteria during a routine check of the water on 25 July. The beach in question is at Russalkapatsas, just north of Tallinn Bay. Authorities announced they were continuing laboratory analysis of the water.

No actual cases of anyone being infected with cholera have been reported, and beaches remained open.

On the following day the Estonian Government ordered a large-scale inspection of other beaches in the country. In addition to checking for cholera bacteria, the study is to determine if the recent proliferation of blue-green algae appearing in the Gulf of Finland as a result of record high temperatures poses any danger to swimmers.

Authorities asserted that the cholera bacteria could not have come from Tallinn sewage water, since bacteria levels are constantly monitored in this. Officials stated that the Russalka coast was previously mainly used by Russian residents of Tallinn, and that it is possible that a visiting friend or relative brought the bacteria from Russia. Many cases of cholera have been reported in St. Petersburg, and the disease is especially a problem in southern Russia. It is also conjectured that the bacteria may have originated from a ship's bilge.

According to a Finnish health official, the Gulf of Finland and Baltic Sea are ordinarily too cold for cholera bacteria, at least for them to be able to multiply. He claimed that the find by Estonian authorities may actually not be cholera, but instead a near relative bacteria. The sample in question was to be further examined in Finland, but results were not expected to be announced for several weeks.

According to reporter Palosuo, hygiene conditions in Estonia are adequate for controlling any cholera outbreak with normal medical care.

## KYRGYZSTAN

**Forty-Eight Cases of Diphtheria Recorded**

LD2109091394 Moscow Mayak Radio Network  
in Russian 0800 GMT 21 Sep 94

[FBIS Translated Text] Kyrgyzia is threatened with diphtheria. Data from the republic's health ministry published today show that 48 cases of the disease have been recorded so far this year. In the past month alone, 15 people suffering from diphtheria have been taken to the hospital in Bishkek. Specialists claim this is a result of deteriorating sanitary and hygienic services. The solution is to vaccinate urgently the entire population of the country. A large-scale operation to import preparations for the vaccination of the adult population is now under way.

## UKRAINE

**Low National Incidence of AIDS Explained**

AU0510212794 Kiev DEMOKRATYCHNA UKRAYINA  
in Ukrainian 4 Oct 94 p 4

[Report published under the rubric "Digest": "A Happy Situation: Genuine or Imagined? It Is Quite Possible That 98 Percent of Ukrainians Are Genetically Immune to AIDS"]

[FBIS Translated Text] It is quite possible that 98 percent of Ukrainians are genetically immune to AIDS. This sensational theory is being developed by a group of scientists headed by Ivan Skrypal, corresponding member of

Ukraine's National Academy of Sciences, deputy director for research, and head of the Mycoplasma Department at the D. Zabolotnyy Microbiology and Virology Institute. This was reported by VSEUKRAYINSKIYE NOVOSTI [All-Ukrainian News—in Russian].

"In Ukraine, Russia, and Belarus, less than 2 percent of people have genes of susceptibility to the HIV," says I. Skrypal. "Despite the favorable conditions for its spread, AIDS will never acquire an epidemic scope in these countries and will always remain a less dangerous disease than hepatitis or other infections, which are still afflicting us and which account for a higher death rate among Ukraine's population than AIDS."

What are such assumptions based upon?

This may only be accounted for in terms of populational and molecular human genetics.

Statistics show that genes of human susceptibility to the HIV are typical of indigenous peoples of Africa, Near East, China, Indochina, Malaysia, and Indonesia. European peoples must have acquired them during ancient Roman times, and these genes are particularly common among the population of Italy, France, Spain, Portugal, and also Romania. Migrants from these and African countries brought genes of HIV susceptibility to Latin American countries and to the United States. The indigenous population of America (Indians) are relatively immune to the HIV, as also are peoples of the Indo-European group that inhabit India, Pakistan, Germany, Great Britain, Poland, the Czech Republic, Slovakia, Austria, countries of the former Soviet Union, and also other European countries, with the exception of Scandinavian and the aforementioned Mediterranean countries.

#### The Ukrainian HIV Is Elusive

"Ukrainian scientists do not rule out a possibility that, in Ukraine, the pathogenic agent causing AIDS has undergone mutation under the effect of the increased radiation following the Chernobyl accident; in this connection, the virus may not be diagnosed by conventional methods," stated Academician Hennadiy Matsuka, head of the National Committee for Combating AIDS, in a conversation with a POST FACTUM correspondent.

"Precisely this is a matter of concern for scientists skeptical about such a favorable situation regarding the HIV in Ukraine," he pointed out.

At present, there are just 162 HIV positive persons among the 52-million strong Ukrainian population.

#### Cholera, Anthrax Alert in Poltava, Volyn Oblasts

AU3108114694 Kiev HOLOS UKRAYINY in Ukrainian 27 Aug 94 p 2

[Two unattributed reports published under the rubric "Afflictions"]

[FBIS Translated Text]

#### Cholera Sits in the... Water Reservoir

Cholera bacteria has been found in the Kremenchuk Water Reservoir. This conclusion was made by a special state

commission. The local beach has been closed: It is dangerous to bathe in the Dnieper.

#### Will Anthrax Strike Root in Volyn Oblast?

According to Anatoliy Zymovin, chief state sanitary inspector of Volyn Oblast, three cases of anthrax have been recorded in the villages of Zaluzhzhya, Sukhodoly, and Laskiv in Volodymyr-Volyn Rayon. One of the patients has died. The cattle and mink that carried the disease were the sources of the infections. The mink had been fed with the meat of the cattle that had died, without proper veterinary control.

At present, more than five residents are under daily supervision, because they had contacts with the victims of the disease at their places of work.

#### Cholera Spreads in Nikolayev; Sale of Fish Products Banned

AU2009145694 Kiev DEMOKRATYCHNA UKRAYINA in Ukrainian 17 Sep 94 p 1

[Report by the DEMOKRATYCHNA UKRAYINA Press Service: "Cholera in Nikolayev"]

[FBIS Translated Text] Cases of cholera have been registered in Nikolayev. As the UKRINFORM correspondent was informed at the City Executive Committee Press Center, five people have been identified with the disease. All of them had eaten fish products (sardines). An anti-epidemiologic commission is working in the city. Among the measures it has taken is a ban on selling shrimp or sardines.

#### Number of Cholera Victims Reported on Rise in Crimea

##### Report Details Crimean Epidemics, Unsanitary Conditions

AU0410194594 Kiev DEMOKRATYCHNA UKRAYINA in Ukrainian 1 Oct 94 pp 1,2

[Report by UNIAN correspondent Vyacheslav Savchenko: "There Are Two Afflictions in the Crimea—Politics and Cholera"]

[FBIS Translated Text] There are two afflictions in the Crimea—the president and cholera. This is the joke circulating in the parliament. The presidential entourage also makes jokes, but deputies are implied there. It would be more appropriate to say that politics and cholera are the peninsula's curses.

Moreover, these two afflictions are interrelated. Apparently, the timing for blocking the parliament building was not accidental—the epidemic started precisely on those days. The disease had already claimed lives, but nobody took upon himself the formation of a commission to deal with the disease. The parliament and the president had started their struggle for power. The deputies were the first to come to their senses, then the executive power also remembered its duties, yet the commission was created with a five-day delay....

Besides, the Crimean authorities became so absorbed in political games that they overlooked the unsanitary conditions prevailing on the peninsula, which was still considered to be a health resort. Tons of garbage that was already rotting was only removed near the most prestigious sanatoriums and in the center of the capital. Hot water supplies to whole rayons were scarce—fuel was saved. For example, such a major house owner as the railroad authority still fails to supply hot water to many apartments.

The shortage of water is a matter of fact. The unusual drought is probably the only objective explanation. However, water reserves might suffice for longer periods of time, if full-flowing streams had not been allowed to flow along streets at the beginning of the drought season and the sewage filling basements had not become breeding grounds for swarms of mosquitoes. Today, water is delivered by automobiles even to the cholera hospital. The trite call "Wash your hands before handling food" or reminders about the need to wash vegetables and fruit thoroughly with running water are perceived as mockery. To top it off, specialists believe that the drinking water itself could be the source of infection.

Cholera warned about its advent in an almost gentlemanly way. In midsummer, the cholera bacterium was discovered in absolutely all of Simferopol's water reservoirs. True, as stated by the medical authorities, that strain was not dangerous to humans, but it was undoubtedly a forerunner of the disease. Unfortunately, the authorities ignored it and did nothing to curb it: Garbage began to be removed after corpses began to be taken out; to this day, there is still no hot water in many places. The truly virulent bacterium started causing trouble for people only after no other choice was left to it.

The only thing in which the Crimean authorities were successful was the atmosphere of strict secrecy around everything associated with cholera. All figures and facts relevant to the epidemic were considered as state secrets—censorship was actually introduced. Even Deputy Minister of Health Halyna Mykhaylova categorically refused to speak on the subject and gave names of two persons authorized to give such information: Health Minister Yevhen Korolenko and chief sanitary inspector Borys Lezhentsev. Of course, it is no easier to find them in their offices than to pinpoint the source of infection which, incidentally, has not yet been found. No wonder that even official Crimean newspapers that are published on the same day quote dissimilar figures.

In these conditions, it is difficult to judge the character and the scale of the epidemic. It is known that the disease spread in Simferopol and adjacent areas. Hospitals were installed there and they were recently taken under the protection of units of Ukraine's National Guard. Many schools, institutes (including the Medical Institute, where two students contracted cholera), and the university were closed. In Simferopol, all restaurants, bars, and other places of public catering were closed.

It is difficult to treat cholera not only due to the shortage of water, but also because the disease is frequently accompanied by dysentery, hepatitis-A, and various intestinal diseases. Every day, ambulances bring to hospitals between 170 and 190 such patients, whose total number varies between 1,500 to 2,000. Last Sunday [25 September], cholera proper started the second hundred of its victims. Seven persons have died, but 13 have already recovered. This does not take into account the "export variant" of the Crimean cholera. For example, a Crimean citizen undertook to gather onions on a Korean farm in Zaporizhzhya Oblast and infected four persons there.

For fighting cholera, 44 billion karbovantsi [K] (more than \$600,000) is necessary. Ukraine's Ministry of Health allocated K8 billion and the Cabinet of Ministers, in a fit of generosity, added another K24 billion. The Crimea also expects \$8 million worth of aid in the form of medicines and bed linen from the United States.

Medicines from overseas will certainly be used, but even without them the situation seems to be stabilizing. Now seven or eight patients a day are brought to hospitals, and they are mainly those who got the disease earlier. It may therefore be concluded that, this year, cholera has made its last warning.

#### Measures Taken To Avoid Crimea Cholera Epidemic

MM3009101594 Moscow ROSSIYSKIYE VESTI  
in Russian 29 Sep 94 p 3

[Report by Aleksandr Ryabushev: "Cholera in the Fall"]

[FBIS Translated Text] Crimea—The cholera epidemic in Crimea is growing. The number of cases on the peninsula has reached 105. Seven people have died. Apart from Crimea, five people have been affected by this dangerous illness in Kherson Oblast and seven in Nikolayev Oblast. At the decision of Ukrainian President Leonid Kuchma an emergency government commission headed by First Vice Premier V. Samoplavsky has been set up to eliminate the cholera epidemic.

But there are not enough funds for a program to localize the epidemic. According to figures from the republic's health center, Crimea will require \$40,000 to buy disinfectants. Where will that money come from? Billionaire deputies in the Crimean parliament battling President Yuriy Meshkov have that kind of money, but they are in no hurry to cough up. They are scared about the latest consequences of the Ukrainian Supreme Council decree, under which in the event of any failure to carry it out, the Crimean parliament will be dissolved and the Republic of Crimea will revert to being an oblast. For the moment this is more frightening for the deputies than cholera. After all, the organizers of the Crimean coup live in fashionable homes, they have hot water, imported beer, and their own planes and boats, which make it easy for them to go abroad in the event of an epidemic or resolute action by the Ukrainian Supreme Council.



In Sevastopol many entrepreneurs from the Liberal Christian Party have done just that and are preparing a base abroad for their comrades-in-arms who are still in their deputies' jobs. In short, the people's representatives have no time for their illness. But the epidemic is coming and the Crimean public health inspectors have not yet located the source. On the other hand, many other flagrant facts have been identified, and the Crimean Prosecutor's Office has instituted criminal proceedings on the basis of them. The finger is being pointed at the Simferopol water-supply canal. Out of the 480 km of street, apartment block, and internal apartment network, 88 km needs to be completely replaced. Areas of outbreaks had until recently not been chlorinated or disinfected. There have been considerable disruptions to water supplies even to the main base for the treatment of cholera cases—the No. 7 City Hospital. A well was drilled there back in 1986. But it has still not been brought on line. But the worst thing is that nobody knows where the hospital's sewage goes. The picture is similar in Yevpatoriya and Feodosiya, where sewage from the venereal and tuberculosis clinics is dumped at sea without being purified. As a result, the incipient epidemic in Crimea threatens to turn into a terrible disaster not only for southern Ukraine but also for Russia and other Black Sea countries.

The last session of the Ukrainian Government Commission for Combating Cholera examined many problems. With a view to ensuring the safety of people vacationing in Crimea and of Crimeans themselves, the decision was made to gradually shut down sanatoriums, leisure spas, and leisure centers, and to organize refuges for the homeless. It has been decided to use tankers to ship drinking water to Yalta and Alushta. Things will be harder when it comes to drilling wells to tap underground water sources. The water is located a long way from any cities. In order to improve the public health situation in Crimea it is planned to rapidly disperse passengers at the Simferopol Train Station. It has also been decided to ban trade in foodstuffs at the Simferopol kolkhoz market and to stop any large-scale tours to the Crimea. The Ukrainian National Guard is to be involved in implementing these decisions.

#### Crimean Parliament Discusses Epidemic

AU2209125394 Kiev HOLOS UKRAYINY in Ukrainian  
21 Sep 94 p 1

[Unattributed report: "The Crimean Supreme Council Is in Session Today"]

[FBIS Translated Text] The Crimean Supreme Council Presidium recommends that at the first session of the Crimean parliament, which continues today (21 September), deputies do mainly the following: Complete discussion of the Crimean bill "On the Government of the Crimean Republic" and hear the report by Crimean President Yuriy Meshkov on his foreign trips. The plenary session will start with a report on the sanitary and epidemiological situation in the Crimean Republic. The Crimean Supreme Council Presidium decided to postpone by at least one week the formation of a Constitutional Court, as it is necessary to consult Crimean President Yu. Meshkov in this connection.

#### The Soros Fund Against Cholera

Given the complicated sanitary and epidemiological situation in the Crimea and the threat of the cholera epidemic spreading throughout the peninsula, the "Revival" International Fund (the Soros Fund) discussed and approved projects submitted by the Crimean Republic Sanitary and Epidemic Center to eliminate the sources of the epidemic.

The funds allocated by the IMF amount to \$68,000. This money will be used to create and equip a specialized cholera-testing laboratory in Simferopol, improve the sanitary conditions of the environment, and purchase urgently needed medical preparations.

#### Urgent Measures To Contain Cholera

LD2109201094 Moscow INTERFAX in English  
1818 GMT 21 Sep 94

["INTERFAX-UKRAINE" news item]

[FBIS Transcribed Text] Plans are under way to close rest places in Yalta and Alushta and schools in and around Simferopol from October 1, Ukraine's First Vice-Premier Valeriy Samoplavskyy said in Simferopol on Wednesday. He also said that urgent measures would be taken to arrange fresh water supply to Crimea.

Samoplavskyy who is in charge of the government commission for combatting the disease said that the government was considering the possibility of water delivery by warships of the Black Sea Fleet.

The number of cholera cases registered so far runs at 70, half of them homeless, and that of people taken to hospital for stomach complaints reached 1,136. There have been five lethal cases.

Samoplavskyy said it was impossible to pinpoint what exactly caused the latest outbreak of cholera.

Crimean Prime Minister Yevgeniy Saburov has described the situation as dramatic.

He said that a special battalion was made up of members of the police and security forces to tighten security around hospitals with cholera cases and joint patrolling mounted together with ambulance workers to try to isolate the homeless.

Saburov said given that the peninsula was of specific interest to many CIS states, help from them for Crimea would be very welcome.

Medical workers say the situation is being worsened by the heat wave and an acute shortage of drinking water.

#### Statistics Given

AU2109122794 Kiev HOLOS UKRAYINY in Ukrainian  
20 Sep 94 p 4

[Unattributed report: "Cholera in the Crimea: The Situation Remains Complicated"]

[FBIS Translated Text] As of 20 September, 48 persons have been hospitalized with cholera, which was diagnosed in various locations of Simferopol and Simferopol Rayon 10

days ago. Altogether 1,172 persons with suspected cholera have been brought to the Seventh Simferopol Hospital, which has been reequipped to deal with the dreadful disease. The Gvardeyskaya and Gurzufskaya hospitals and the Simferopol Lung Treatment Center have been reorganized accordingly; it is also planned that individual health resort facilities will be organized to treat cholera patients. Four persons have already died from the disease. As our correspondent was told by Ukraine chief sanitary inspector V. Mariyevskyy, who is deputy chairman of the emergency epidemiology commission, the situation remains extremely complicated.

#### Measures To Localize Cholera Outbreak

LD1609172694 Moscow INTERFAX in English  
1242 GMT 16 Sep 94

[FBIS Transcribed Text] As of the evening of September 15, 23 cholera patients have been registered in the Crimea, Interfax-Ukraine was told by a spokesman for the Crimean Ministry of Public Health.

On September 15 Crimean President Yuriy Meshkov issued a decree "On the Creation of a Special Commission to Localize and Eliminate Cholera." The Commission, according to the decree, involves the Crimean Deputy Prime Minister, the public health minister and others.

By order of the Crimean Interior Ministry, transport from other cities is forbidden to enter Yalta, the issuing of residence permits is put under control, and street trade is banned.

#### Health Legislation Violations Uncovered as Cholera Spreads

LD2909182194 Kiev UNIAN in Ukrainian  
1540 GMT 29 Sep 94

[FBIS Translated Text] Kiev [no dateline as received]—The press center of Ukraine's procuracy general told UNIAN today that the checks made found serious violations of the law of Ukraine "On ensuring the population's well-being in sanitary and epidemiological terms," both by Ukraine's Health Protection Ministry and local authorities. In particular, neither V. Mariyevskyy, the chief state sanitary officer of Ukraine, nor A. Moyseyeva, the chief of the Health Protection Ministry's Main Sanitary and Epidemiological Directorate, took any timely preventive steps to avert mass Cholera infection. As a result, in most regions, in particular where the Cholera epidemic has spread, these steps were taken belatedly, after people had already fallen ill. Nor were all regional sanitary and epidemiological stations and local authorities given timely information about the source of the illness being fresh fish that might be on sale by commercial

structures. The spread of Cholera was considerably facilitated by water companies that, in breach of health regulations, have been discharging raw sewage into open reservoirs and rivers for years. In the town of Yevpatoria, the sewage from a local VD [Venereal Disease] clinic has flowed straight into the sea without any purification whatsoever. Health services were also found to have committed countless other violations in performing their functions.

As a result of the checks, the procuracy has instigated criminal proceedings in 15 cases, served local authorities and health protection services with 88 writs stating the urgent need to eliminate the violations uncovered, and prosecuted some 100 officials.

It has informed Ukraine's Supreme Council and president about the violations uncovered, and raised the issue of the expediency of holding of office by Ukraine's chief state sanitary officer and a number of health services officials. In exercising its powers, the procuracy continues to take the necessary measures so as to avert health regulation violations.

#### Number of Cholera Patients Stabilized at 694

LD0210120394 Kiev Radio Ukraine World Service  
in Ukrainian 1100 GMT 2 Oct 94

[FBIS Translated Text] According to the Ukrainian Health Center, 694 cholera patients had been registered in Ukraine by 1 October 1994. In the majority of oblasts affected by the disease the number of cholera patients has not changed since 30 September.

#### Cholera Attributed to Fish

##### Number Infected With Cholera Reaches 810

MM1310113394 Moscow SOVETSKAYA ROSSIYA  
in Russian 13 Oct 94 p 4

[Unattributed report: "Cholera Sets In"]

[FBIS Translated Text] New cases of cholera have been observed in Ukraine in the past 24 hours. According to information from the Ukrainian Health Center, two cases of cholera have been registered in Crimea, one in Kherson Oblast, and three patients have been hospitalized in Donetsk Oblast. Thus 810 people who have been infected with this disease have been registered as at today.

An epidemiological investigation of the cases of cholera conducted by medics in Mariupol testifies to the fact that the overwhelming majority of the cholera patients have eaten fish caught in the Sea of Azov and prepared in domestic conditions. In this connection, the chairman of Donetsk Oblast Soviet issued an instruction banning fishing as a hobby on the oblast's territory. Henceforth it is prohibited to export marine, fresh, live, and frozen fish of all types from Mariupol and Novozovskiy and Pershotravnevy Rayons.

### Serious Lapses Caused Cholera To Spread

AU1110145994 Kiev HOLOS UKRAYINY in Ukrainian  
7 Oct 94 p 4

[Unattributed report: "Fish Starts Rotting at Its Head—What Have We Come to!"]

[FBIS Translated Text] The staff of the Procurator's Office have revealed serious violations of Ukraine's law "On Ensuring the Sanitary and Epidemiological Well-Being of the Population" both on the part of the Ministry of Health and of its offices in the provinces. In particular, it was known that a cholera epidemic had spread in neighboring countries and, starting from 14 June 1994, the ministry began receiving information from oblasts on facts of isolating strains of the cholera vibriation from environmental facilities. However, neither V. Mariyevskyy, Ukraine's state chief sanitary inspector, nor A. Moyseyeva, chief of the Main Sanitary Administration at Ukraine's Ministry of Health, took timely preventive measures to avoid mass infection with cholera. Not until one and one-half months later did the chief sanitary inspector send a letter to the republican and other sanitary-epidemic centers with an analysis of the epidemiologic situation in Ukraine. As a result, in the majority of oblasts, especially those where the cholera epidemic had flared up, preventive measures only began to be taken after people had been affected by the disease. Oblast sanitary-epidemic centers and local authorities were not advised in time that fresh fish that might be on sale locally constituted one of the sources of the disease. Some local "Vodokanal" enterprises considerably "contributed" to the spread of cholera, as they have been violating sanitary norms for years by dumping untreated sewage into open water reservoirs and rivers. For example, in Yevpatoriya, the sewage from the town institution specializing in skin and venerological diseases was dumped directly into the sea without prior treatment. The procurators discovered many violations in the operation of sanitary-epidemic centers.

As a result of inspections, the Procurator's Offices initiated 15 criminal proceedings associated with cholera. In 99 cases local authorities and health protection bodies were required to eliminate the violations urgently, and about 100 persons were held accountable.

The Supreme Council and Ukrainian president have been informed about the violations of the law. The Procurator General's Office also raised the question of whether V. Mariyevskyy, Ukraine's chief state sanitary inspector, and a number of other heads of sanitary-epidemic services should remain in their posts.

### Special Regulations Introduced To Prevent Spread of Cholera

LD0610103794 Moscow Radio Rossii Network  
in Russian 0900 GMT 6 Oct 94

[FBIS Translated Text] In order to prevent the further spread of cholera in Ukraine, the republican authorities have introduced special regulations at border checkpoints, sea, and airports. International passenger communications with Turkey, Romania, Albania, and India have been

temporarily restricted. The sale of fish in a number of regions has been banned. Ukrainian health authorities told ITAR-TASS that another 19 cases of the disease had been recorded during the last 24 hours. Altogether, 773 people have gone down with cholera in the republic. Twenty of these have already died. Doctors believe that the epidemic is beginning to subside, but the struggle against the dangerous disease in Ukraine needs to continue.

### Cholera Discovered in Black Sea Fleet Unit

MM0510144194 Moscow KRASNAYA ZVEZDA  
in Russian 5 Oct 94 p 1

[Vasily Dandykin report: "Quarantine in Black Sea Fleet Training Unit"]

[FBIS Translated Text] Sevastopol—Lieutenant Colonel of the Medical Service Sergey Kutsenko, Black Sea Fleet chief medical officer, has reported that a civilian specialist in the submarine training unit's catering section has been found to be carrying the cholera vibrio. The patient is currently in isolation in the city's infectious diseases hospital. The necessary measures are being taken at the training unit to localize the cholera source.

The quarantine remains in force too at the Ukrainian Sevastopol Naval Institute, where a worker in the catering section has gone down with cholera. Passes have been suspended there and the outer perimeter is being guarded by marines. Cadets previously served with dry rations have now been given mess tins and can try hot food from field kitchens.

### Cholera 'Epidemic' in Kherson

LD0410210094 Kiev UNIAR in Ukrainian  
1600 GMT 4 Oct 94

[FBIS Translated Text] Kherson, 4 Oct—There are 34 cholera patients in Kherson's railway hospital. Due to the cholera epidemic, the Southern Railway's hospital is working round-the-clock and without days off, with three wards given to those who have been in contact with the patients.

All markets, including the Central Agricultural, have been closed in the town.

### Health Center Reports 736 Cholera Cases by 3 October

AU0510123094 Kiev URYADOVYY KURYER  
in Ukrainian 4 Oct 94 p 1

[Report by the Ukrainian Health Center: "Medics Inform"]

[FBIS Translated Text] The number of cholera sufferers continues to rise. As of 3 October, 736 persons contracted this dangerous disease in Ukraine.

In those oblasts, where isolated cases of cholera were recorded, there is no increase in the number of patients. This points to the accidental character of the spread of the disease and to the mobilization of all possible means for fighting cholera.

At the same time, in those places where there are conditions for the spread of the infection (problems with water supply,



failure to clean sewage ducts or remove garbage, and so on), the number of patients grows, although at slower rates. In Nikolayev Oblast, there are 484 cases of cholera, in Kherson Oblast—59, in Dnipropetrovsk Oblast—33, and in the Crimea—131.

Besides, tension is building up in connection with the risk of bringing plague from India.

Despite warnings, on Sunday [2 October], a Ukrainian Airlines plane took off from Boryspil airport for Delhi with 100 passengers on board. Do commercial interests really prevail over common sense?

The Ministry of Health held a meeting of the anti-epidemic headquarters, and all specialists in this sphere were mobilized. A decision was adopted: All citizens arriving from India, unless they underwent observation there, will be put into isolation here for six days.

The arrival timetables of aircraft from India and the places of their landing will be examined.

We appeal to all citizens of Ukraine to postpone scheduled trips to India and to avoid, for at least a week, meeting those who arrive from there.

### **Cholera Epidemic Spreads to Donetsk Region**

*LD2909104994 Moscow ITAR-TASS in English  
1035 GMT 29 Sep 94*

[By ITAR-TASS correspondent Anatoliy Gordeyev]

[FBIS Transcribed Text] Mariupol September 29 TASS—Cholera epidemics in Ukraine spread to the Donetsk region in the east of the country. Two cholera-sick people were registered in the city of Mariupol on Wednesday. It was found out that they got the disease after eating fish.

The two people did not request medical assistance and tried to cure themselves with their own medicines. Both have been hospitalized in grave conditions.

Over 500 cholera-sick people were registered in Ukraine, 14 of them died.

### **Total of 568 Cholera Cases Confirmed on 29 September**

*AU3009133994 Kiev HOLOS UKRAYINY in Ukrainian  
29 Sep 94*

[Statement issued by the Ukrainian Health Center on 28 September; place not given: "Poachers Are Contributing to the Spread of Cholera"]

[FBIS Translated Text] As of 28 September, the number of cholera sufferers in Ukraine grew to 568.

One can observe a considerable spread of the disease in Nikolayev Oblast, where over the last 24 hours, the number of cholera patients has increased by 79 to total 381. In the Crimea, there are 117 cases, in Kherson Oblast 25, and in Dnipropetrovsk Oblast 18.

It is alarming that more than 5,000 people have been in contact with the carriers of the cholera bacillus.

Despite warnings by physicians, crafty dealers, bypassing the militia lines, continue to bring to our towns and villages fish caught in the contaminated Yuzhnyy Bug and estuaries and find reckless buyers.

We call upon everybody to be alert at this crucial time and follow the rules of hygiene, about which we have repeatedly been speaking.

For information, call 216-30-35, 216-81-51, and 293-03-25.

### **Fishing Banned in Four Regions**

*AU2609104894 Kiev HOLOS UKRAYINY in Ukrainian  
23 Sep 94 p 4*

[Unattributed report: "Beware: Cholera!"]

[FBIS Translated Text] The Ukrainian Health Protection Center has disseminated information to the effect that fish caught in water reservoirs is one of the factors in the transmission of the cholera vibron. For that reason, V. Mariyevskyy, Ukraine's state chief sanitary inspector, banned fishing in those regions where the cholera vibron had been detected. Fish caught in water bodies of the Crimean Republic and of Kherson, Nikolayev, and Zaporizhzhya oblasts prior to 21 September 1994 needs to be thermally processed. The failure to fulfill this directive is punishable by law in accordance with current legislation.

### **Official Views Country's Epidemic Situation**

*AU2609092194 Kiev DEMOKRATYCHNA UKRAYINA  
in Ukrainian 22 Sep 94 p 4*

[Interview with Anhelina Viktorivna Moyiseyeva, head of the Main Sanitary-Epidemiologic Administration at Ukraine's Ministry of Health and first deputy chief state sanitary inspector, by DEMOKRATYCHNA UKRAYINA correspondent Valentyna Skoropadska; place and date not given: "Cholera—Ahead of Us and Anthrax—Behind?"]

[FBIS Translated Text]

**Skoropadska:** Anhelina Viktorivna, the sanitary situation in the world and in our country, in particular, has deteriorated drastically. This especially concerns dangerous infectious diseases.

**Moyiseyeva:** Distressing as it may be, this is true. First and foremost, as they say, cholera began to tread on our heels. For example, according to the official data of the World Health Organization, this year, 14,959 cases of cholera have been recorded in Peru, 4,742—in Guatemala, and 7,909—in Somalia. Cholera has spread extensively in Rwanda and Zaire, where, in accordance with unofficial data, more than 500,000 cases have been diagnosed.

Operational data of the Russian State Committee for Sanitary-Epidemiologic Inspection indicate that, in the Russian Federation, 542 cases have been revealed of persons suffering from cholera or carrying the infection. More specifically, in Dagestan—293 patients and 236 carriers, in

Moscow—four patients and eight carriers, and in Yessentuki—one patient. However, as you understand, this information refers to a certain period of time, and the situation is constantly changing.

Cholera has also found its way into Ukraine. This is testified to by the fact that the pathogenic agent was found in environmental facilities of the Crimean Republic and in Dnipropetrovsk, Poltava, and Kharkiv oblasts, where 14 strains of the cholera vibron could be identified.

Between 9 and 21 September alone, in Ukraine, 147 cases of cholera were diagnosed, including 44 cases in Simferopol, 27 in Simferopol Rayon, and five in Kherson Oblast. One-third of the whole number of patients are people without any definite place of residence whose life style is quite disorderly. These patients were hospitalized in an infectious diseases ward, where they received the necessary specialized help. All those people who were in contact with the patients, are under constant medical observation. In order to reveal and treat patients with suspected cholera, house to house rounds are being practiced in all those oblasts where outbreaks of the disease have been recorded; all those people who are suffering from acute intestinal infections, are tested in laboratories. Altogether more than 6,000 persons have been examined.

Over the period of epidemic complications, 5,000 samples from environmental facilities have been examined for cholera. These facilities include water of open water reservoirs, drinking water, sewage, foodstuffs, wash-outs, and so on. In Simferopol, the cholera vibron was isolated from sewage and in Nikolayev Oblast—from home-processed sprats. In view of the situation, state sanitary-epidemiologic supervision over facilities of increased epidemic risk (communal facilities, pre-school children's institutions, schools, and places of mass gatherings of the population) has been intensified. However, owing to the fact that some patients with a serious course of the disease come from anti-social strata of the population, the sanitary-technical situation is extremely unsatisfactory, and no radical anti-cholera measures are being taken, primarily, good drinking water is in very short supply, it can, unfortunately, be expected that the epidemic situation will deteriorate further.

**Skoropadska:** How can people be protected from this extremely dangerous disease?

**Moyiseyeva:** Emergency anti-epidemic commissions have presently been created within the government of the Crimean Republic and in all those oblasts where cholera was revealed. The commissions coordinate anti-cholera measures. Specialists of research institutes work in the field. These are, in particular, specialists from the Kiev Scientific Research Institute of Epidemiology and Infectious Diseases, the Ukrainian Research Hygiene Center, the Central Sanitary-Epidemiologic Station of the Odessa and Crimea Anti-Plague stations headed by Ukraine's chief sanitary inspector V. Mariyevskyy. We are trying to systematically control the cholera epidemic situation in Ukraine.

**Skoropadska:** Anhelina Viktorivna, the "historic" disease, which people call Siberian [Sybirka], has returned to us. As it turns out, the pathogenic agents of this disease live in the soil for about 100 years.

**Moyiseyeva:** This is true. Anthrax makes itself felt. I will start with the following case history. Christmas was celebrated in a Western Ukrainian settlement. You know that on these holidays, people often put on sheepskins turned inside out or the hide with horns on the head. One of the residents in that settlement did just that. However, his merrymaking did not last long, because a huge furuncle developed on his forehead. It was anthrax, which he had contracted from the hide of the slaughtered animal.

The epidemic situation regarding that disease has also deteriorated. For example, in the village of Voykovo in Leninskyy Rayon of the Crimean Republic, 26 cases of anthrax have been diagnosed among those people who had worked on the lease farm for fattening the cattle and among those people who helped process the carcasses of dead animals. In accordance with operational data, 20 out of 200 heads of the livestock died. In the villages of Sukhodillya and Zaluzzya in Volodymyr-Volynskyy Rayon of Volyn Oblast, two cases of anthrax in people have been diagnosed. One of the victims soon died. The disease had been caused by the contact with infected animals.

On the territory of Ukraine, more than 10,000 locations, posing anthrax threat, have been detected. I mean spores of the anthrax pathogenic agent in soil. As you know, it lives for more than 100 years. However, in certain weather conditions, as was the case this year—heat, the digging of canals—viruses get into gutters, animals drink water and contract the disease. The disease also strikes animals, because they are not vaccinated against it. Three persons got the disease in Zaporizhzhya Oblast.

It must be said, though, that all centers of anthrax have presently been localized. However, nobody can guarantee that it will not break out again somewhere with fresh intensity.

**Skoropadska:** Do you like to say a few words about the sanitary-epidemiologic situation in Ukraine?

**Moyiseyeva:** Yes, it has greatly deteriorated since the second half of July. Nine outbreaks of dysentery, salmonella infection, and food poisoning have been recorded (in Donetsk, Luhansk, Odessa, Nikolayev, Lvov, Kharkiv, and Kirovohrad oblasts). Six of these cases were diagnosed in health centers. During the last weeks of July alone, two outbreaks of acute intestinal infections were recorded in Luhansk Oblast—among the population of the settlement of the "Miusynska" Mine and in the old people's home in the town of Antratsit. Altogether 127 persons, including 37 children, were affected. In the former case, the outbreak of dysentery was caused by drinking water contaminated by sewage. In the latter case, it was due to using water from the fire-brigade's reservoir. Some of the 68 patients in the home for old people and invalids have died. The evidence on those responsible have been submitted to investigative bodies.

According to operational data of the State Sanitary-Epidemiologic Commission, the quality of drinking water throughout Ukraine has deteriorated, in particular, in Vinnytsya, Kiev, Khmelnytsky, and Chernivtsi oblasts. In water supply facilities in the above oblasts, one in every four or five water samples do not conform to sanitary requirements in terms of their bacteriologic indexes. We were compelled to close beaches in Ukraine's southeastern oblasts, as those beaches had been hazardous for the health of the holiday-makers. By now, beaches in Odessa have been closed and also individual beaches in Nikolayev, Zaporizhzhya, and Donetsk oblasts.

**Skoropadska:** As far as I am concerned, some time ago, the Ministry of Health sent requests to chairmen of people's councils in every oblast to pay particular attention to the quality of drinking water. What are the results?

**Moyseyeva:** Some (of the oblast councils' chairmen) found it necessary to reply, others did not. It is disheartening that when we did get replies, they sounded like "Everything's fine, my lady!" The Ministry of Health believes that the problem of drinking water is acquiring nationwide significance, because it is essential both for the human body and for all life. If the drinking water is suitable, people's health will appreciably improve.

**Skoropadska:** What is being done in order to somehow protect the population from all these diseases?

**Moyseyeva:** Teams of specialists have been commissioned to those oblasts where the sanitary-epidemiologic situation has lately deteriorated. These teams will render practical assistance to health institutions and bodies on the spot. Explanatory work is being conducted on how to prevent infectious diseases or food poisoning. A system of mutual information has been established with CIS countries, primarily, Russia, Belarus, and Moldova. Whenever violations of sanitary-hygienic norms and rules are revealed, administrative measures are being taken. This year alone, more than 30,000 transgressors have been fined and more than 8,000 institutions have temporarily stopped working.

#### **Kuchma Forms Anticholera Commission**

LD2209184494 Moscow *ITAR-TASS* in English  
1705 GMT 22 Sep 94

[By *ITAR-TASS* correspondent Galina Nekrasova]

[*FBIS* Transcribed Text] Kiev September 22 TASS—A governmental commission has been set up by a decree of Ukrainian President Leonid Kuchma to supervise Cholera control. The commission is headed by Valeriy Samoplavskiy, a first deputy prime minister.

A total of 137 Cholera cases, including 71 in the Crimea, have been diagnosed in Ukraine so far. Two patients are children.

The commission's task is the localisation of Cholera in Crimea's Nikolayev, Kherson, Saporozhye, Kirovograd and Chernovtsy regions. The commission said a source of Cholera had not been identified so far.

#### **Lvov Has Above-Average Diphtheria Infection Rate**

WS0410144194 Kiev *INTELNEWS* in English  
0339 GMT 4 Oct 94

[*FBIS* Transcribed Text] Lvov, Oct. 3—Lvov is now the ninth city in Ukraine with an above average diphtheria infection rate, Myron Borysevitch, Lvov Executive Committee Health Department Chief, said Monday. Lvov authorities plan to vaccinate at least 200,000 Lvov residents. About 22 million diphtheria vaccine packs, partly financed by the U.S. Agency for International Development, will be shipped to Lvov in the next year. Over 25,000 students and minors will be inoculated in the first stages of the program.

#### **Diphtheria Epidemic Growing in Moscow**

LD1709152894 Moscow *INTERFAX* in English  
1242 GMT 17 Sep 94

[*FBIS* Transcribed Text] The diphtheria epidemic is growing in Moscow, Moscow's Chief Epidemiologist Malyshev told *Interfax*. Since the beginning of the year, 2,200 people have contracted the disease, 100 of them have died.

The number of diphtheria patients has exceeded last year's index and is approaching a catastrophic mark.

Malyshev and his colleagues do not rule out further spreading of intestinal diseases. This can be seen from the ongoing unsanctioned selling of food stuffs on street markets.

#### **Zaporizhzhya Dairy Factory Blamed for Dysentery Outbreak**

AU0410092094 Kiev *HOLOS UKRAYINY* in Ukrainian  
30 Sep 94 p 4

[Unattributed report: "Dysentery Is an Unprofitable Thing"]

[*FBIS* Translated Text] Last week, 267 Zaporizhzhya children in grades one through four contracted dysentery. Seventy of them were hospitalized. To our great sorrow, one of the little girls has died. "We assume that the outbreak was caused by the products of the 'Zaporizhmoloko' [Zaporizhzhya Milk] Association," oblast sanitary inspector Anatoliy Sevalnyov told a *HOLOS UKRAYINY* correspondent. "We assume because it has so far been impossible to trace the carrier of the infection."

On 29 September, the situation was discussed at a session of the Executive Committee of the Zaporizhzhya City Council of People's Deputies. It was decided to cover all the losses inflicted by the City Health Department in the course of saving and treating the children from the funds of the association.

#### **Sevastopol Combatting Hepatitis A, Dysentery, Diphtheria**

LD0909204194 Kiev *UNIAN* in Ukrainian  
1330 GMT 9 Sep 94

[*FBIS* Translated Text] Sevastopol—A *UNIAN* correspondent reports on 9 September that the epidemiological situation in Sevastopol is continuing to deteriorate. Because of a lack of space, the town hospital for infectious diseases is



not accepting for treatment those ill with hepatitis A, dysentery, and other illnesses. The local authorities have prepared two hospital branches on the basis of another two hospitals by emergency procedure. However, these are full too. Thirty-one sick people are awaiting hospitalization.

The situation with diphtheria is no better. One hundred and four cases of this illness have been registered this year, which is three times higher than the average in Ukraine (calculated per 100,000 people). At the same time, the number of ill people has increased from 26 people in July to 48 in August, and there are already 12 in the first five days of September.

The town authorities and medical employees are insistently calling via the mass media on all of the adult population to be inoculated. Meanwhile, no substantial inflow of Sevastopolites to the health centers has been evident.

The outbreak of infectious diseases is explained by the lack of the proper quantity of water in flats and by its extremely poor, from the point of view of sanitary norms, quality. Suffice to say that the hepatitis A virus has been found in the water supply in all districts of the town.

### **Commission Notes Increase in Cancer Cases After Chernobyl**

*AU0209113994 Kiev HOLOS UKRAYINY in Ukrainian 1 Sep 94 p 2*

[Report by the Press Center of Ukraine's Supreme Council: "At Ukraine's Supreme Council Commissions"]

[FBIS Translated Text] As reported by the Ministry of Health, the Commission for Questions of the Chernobyl Catastrophe has held a session and examined the state of health of the population affected by the accident at the Chernobyl Atomic Electric Power Plant. It was pointed out that the situation is deteriorating. In particular, there has been a considerable increase in the number of cases of thyroid gland cancer, especially among children, as well as various dysfunctions in the endocrine system. The deputies expressed their concern that medical and disease-prevention work among the people is not conducted properly and the implementation of the Chernobyl programs is not sufficiently financed. The session also discussed alterations and additions that need to be made to current legislation to make it more effective in improving the situation.

## CYPRUS

**Three More HIV-Positive Cases Discovered**

NC1010200194 Nicosia CYPRUS NEWS AGENCY  
in English 1721 GMT 10 Oct 94

[FBIS Transcribed Text] Nicosia, Oct 10 (CNA)—Three more AIDS carriers, a 29-year-old Cypriot and two foreigners, were identified in September, according to official statistics. All three contracted the virus from sexual intercourse.

This brings the total number of HIV-Carriers to 178, 104 of them are Cypriots, the remaining 74 foreigners.

The vast majority of Cypriot sufferers (90) are males and only 14 are women. 89 of them live in Cyprus, and 15 abroad.

Thirty of these carrier have developed the disease.

Officials records indicate that seven patients who have developed the disease are receiving medical treatment at Nicosia General Hospital.

So far 19 AIDS sufferers have died from the disease and three carriers have died from another cause.

## FRANCE

**First Cystic Fibrosis Gene Therapy Test Under Way**

BR1810155294 Paris AFP SCIENCES in French  
8 Sep 94 p 27

[Unattributed report: "Cystic Fibrosis: First French Gene Therapy Test Under Way"]

[FBIS Translated Text] Paris—The first gene therapy test has just begun in Lyon, in Professor Gabriel Bellons' department, and the first patient will receive this experimental treatment on 20 September. This was announced on 6 September by the French Association to Combat Cystic Fibrosis (AFLM).

Initially planned for August 1993, the test using this therapy, which should one day help to improve the patients' respiratory function, had been postponed for technical reasons. Now the genetically modified virus consignment, which has been prepared for the test by the Strasbourg Transgene company, has received clearance from the relevant commissions. These viruses (adenoviruses) will carry the healer gene to the patients' lungs.

Two patients have already entered the preliminary phases this August. On 20 September, the first patient, who is male and adult, will receive the treatment by aerosol, in order to introduce the healer gene into his organism. At this stage of the test, the feasibility and harmlessness of the method will be checked before ascertaining that it is effective.

The gene is thus carried directly into the lungs by the virus to produce a cell control protein, called CFTR. This cell protein is faulty in cystic fibrosis and leads to the production of secretions (mucus) which are too thick and which cause serious respiratory problems when they accumulate.

The clinical symptoms of the disease are repeated infections, serious respiratory insufficiency, digestive trouble and reduced life expectancy. It can also lead to sterility in men. It is the primary serious genetic disease in children: In France, each day one child is born with the disease. It is not contagious but hereditary and it is equally prevalent in both sexes. More than two million healthy people carry the faulty gene and can pass it on to their children.

The first gene therapy cystic fibrosis tests on humans began in April 1993 in the United States. Dr. Ronald Crystal used an adenovirus for these tests, which had been engineered by the French scientist Michael Perricaudet. Other tests have been done since then, particularly in England, using liposomes (fat microparticles) which are different gene carriers.

## PORTUGAL

**Epidemiological Situation Report**

95P20023

[FBIS Editorial Report]

**Malaria Cases on Rise**

According to an article in the 15 September Lisbon daily PUBLICO, malaria cases are on the rise in Portugal. From January to August 1994, out of 584 malaria tests conducted at the Egas Moniz Institute of Hygiene and Tropical Medicine, 101 were positive. In 1993, out of a total 777 tests, 114 were positive. The article quoted Jose Luis Champalimaud, chief of the hospital's infectious diseases unit, as saying that the increase can be attributed to the fact that the Portuguese are traveling more. However, he added that there is almost total ignorance of preventive measures regarding malaria. Returning travelers suffering from a number of symptoms are treated as if they had a case of the flu and die "stupidly." To justify his assertion, Champalimaud noted that in the last eight months only 400 travelers, 300 of whom suffered from likely symptoms, consulted physicians at the hospital, when hundreds more travel to areas where malaria is present such as Africa, Asia, and Central America.

**Brucellosis Cases**

Some 895 cases of human brucellosis have been diagnosed this year, most of them in the northern part of the country, according to Paula Silva writing in the 30 September Lisbon weekly TAL & QUAL. In 1993, a total of 1,292 cases had been noted. Silva cited Gomes Pereira, an advisor to Minister of Agriculture Duarte Silva, as concerned about the fact that no less than 2.4 percent of goat and sheep herds, and 0.6 percent of cattle herds, are affected by the disease. According to Silva, the prospects for a higher incidence of brucellosis among humans are "disquieting." The situation is aggravated by the fact that the French Pasteur Institute, which was the sole producer of a vaccine against brucellosis, no longer markets it.

#### **Tuberculosis Still Present**

According to Teles Araujo, president of the Portuguese Pneumological Institute, cited in the 27 September Lisbon daily DIARIO DE NOTICIAS, the fight against tuberculosis in Portugal is being lost, given that the number of people suffering from the disease is the same as 20 years ago, when "at a minimum" a yearly decline of 3 to 5 percent should

have been registered. There are 5,000 to 6,000 new cases of tuberculosis a year in Portugal, 68 percent of which are of the pulmonary variety. A total of 50 new cases per 1,000 are registered yearly in Portugal, a figure higher than in other Western European countries. The active population between 25 and 45 is the most vulnerable. The number of deaths from tuberculosis is approximately 400 a year.



BULK RATE  
U.S. POSTAGE  
PAID  
PERMIT NO. 352  
MERRIFIELD, VA.

This is a U.S. Government publication. Its contents in no way represent the policies, views, or attitudes of the U.S. Government. Users of this publication may cite FBIS or JPRS provided they do so in a manner clearly identifying them as the secondary source.

Foreign Broadcast Information Service (FBIS) and Joint Publications Research Service (JPRS) publications contain political, military, economic, environmental, and sociological news, commentary, and other information, as well as scientific and technical data and reports. All information has been obtained from foreign radio and television broadcasts, news agency transmissions, newspapers, books, and periodicals. Items generally are processed from the first or best available sources. It should not be inferred that they have been disseminated only in the medium, in the language, or to the area indicated. Items from foreign language sources are translated; those from English-language sources are transcribed. Except for excluding certain diacritics, FBIS renders personal names and place-names in accordance with the romanization systems approved for U.S. Government publications by the U.S. Board of Geographic Names.

Headlines, editorial reports, and material enclosed in brackets [ ] are supplied by FBIS/JPRS. Processing indicators such as [Text] or [Excerpts] in the first line of each item indicate how the information was processed from the original. Unfamiliar names rendered phonetically are enclosed in parentheses. Words or names preceded by a question mark and enclosed in parentheses were not clear from the original source but have been supplied as appropriate to the context. Other unattributed parenthetical notes within the body of an item originate with the source. Times within items are as given by the source. Passages in boldface or italics are as published.

#### SUBSCRIPTION/PROCUREMENT INFORMATION

The FBIS DAILY REPORT contains current news and information and is published Monday through Friday in eight volumes: China, East Europe, Central Eurasia, East Asia, Near East & South Asia, Sub-Saharan Africa, Latin America, and West Europe. Supplements to the DAILY REPORTs may also be available periodically and will be distributed to regular DAILY REPORT subscribers. JPRS publications, which include approximately 50 regional, worldwide, and topical reports, generally contain less time-sensitive information and are published periodically.

Current DAILY REPORTs and JPRS publications are listed in *Government Reports Announcements* issued semimonthly by the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161 and the *Monthly Catalog of U.S. Government Publications* issued by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The public may subscribe to either hardcover or microfiche versions of the DAILY REPORTs and JPRS publications through NTIS at the above address or by calling (703) 487-4630. Subscription rates will be

provided by NTIS upon request. Subscriptions are available outside the United States from NTIS or appointed foreign dealers. New subscribers should expect a 30-day delay in receipt of the first issue.

U.S. Government offices may obtain subscriptions to the DAILY REPORTs or JPRS publications (hardcover or microfiche) at no charge through their sponsoring organizations. For additional information or assistance, call FBIS, (202) 338-6735, or write to P.O. Box 2604, Washington, D.C. 20013. Department of Defense consumers are required to submit requests through appropriate command validation channels to DIA, RTS-2C, Washington, D.C. 20301. (Telephone: (202) 373-3771, Autovon: 243-3771.)

Back issues or single copies of the DAILY REPORTs and JPRS publications are not available. Both the DAILY REPORTs and the JPRS publications are on file for public reference at the Library of Congress and at many Federal Depository Libraries. Reference copies may also be seen at many public and university libraries throughout the United States.

**END OF**

**FICHE**

**DATE FILMED**

12 Jan 95